



SIDEWALK INSPECTION FORM

CONTRACTOR:

DATE REQUESTED:

TIME REQUESTED:

PHONE No :

ITEMS TO INSPECT

LOCATION: SUB / ADDRESS

DATE TO INSPECT

1	<input type="checkbox"/> PUBLIC SIDEWALK	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> DRIVE APPROACH		
2	<input type="checkbox"/> PUBLIC SIDEWALK	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> DRIVE APPROACH		
3	<input type="checkbox"/> PUBLIC SIDEWALK	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> DRIVE APPROACH		
4	<input type="checkbox"/> PUBLIC SIDEWALK	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> DRIVE APPROACH		

INSPECTED BY: OFFICIAL USE ONLY