wollongong
city of innovation

→ KERB RAMP REFERRAL FORM

Date of Referral: .....

Referred by: .....

- ☐ Member of the Public
- ☐ Access Reference Group
- ☐ Council Officer
- ☐ Other

Contact Details

Address:	
Phone:	Mobile:
Email:	

Location of Kerb Ramp

Street:	Suburb:
Nearest Cross Street	
Other location information [eg, north west corner]:	

Description of Problem:

(If more space is needed to describe the problem please use reverse side of this page)

Estimated Risk Rating: *Extreme* *High* *Medium* *Low*
[Please circle appropriate estimate]

Suggested Actions:
Referral taken by:

Please forward referral to
Asset Management Coordinator - Transport Infrastructure

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