



## City of Fairfax, Virginia

Public Works Department/Transportation Division

10455 Armstrong Street • Room 200 • Fairfax, VA 22030-3630

P 703.385.7810 • F 703.591.5727 • [www.fairfaxva.gov](http://www.fairfaxva.gov)

### **NEW RESIDENTIAL SIDEWALK PETITION**

#### Neighborhood Point of Contact Information

Point of Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

#### Sidewalk Request

We, the undersigned property owners/lessees on \_\_\_\_\_ (street name)  
between \_\_\_\_\_ (street name) and  
\_\_\_\_\_ (street name) hereby request that the city consider  
constructing sidewalks on this street.

#### Petition Information & Requirements

**In order for the City to consider this request, this petition must contain the signatures of at least 66% of the households affected by the proposed change (one per household) and is due by September 1<sup>st</sup> to be considered for the Capital Improvement Program in the upcoming budget year.**

Use the attached form to obtain the signatures. Attach additional sheets if necessary. Attach additional information about the request if desired.

Please return the completed petition form to the Transportation Division at City Hall:  
10455 Armstrong Street, Room 200, Fairfax, VA 22030; or email the form to [pw-transportation@fairfaxva.gov](mailto:pw-transportation@fairfaxva.gov).

Please contact Public Works at (703) 385-7810 / TTY 711 / [pw-transportation@fairfaxva.gov](mailto:pw-transportation@fairfaxva.gov) if you have questions about this form.



# NEW RESIDENTIAL SIDEWALK PETITION

*By signing this petition, we certify that we have read and understood the residential sidewalk policy, that we are a property owner or lessee of the listed addresses, and that we support a new sidewalk project in the area described on the attached petition.*

*Please print clearly.*

1	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
2	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
3	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
4	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
5	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
6	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
7	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
8	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
9	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
10	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>



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11	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
12	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
13	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
14	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
15	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
16	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
17	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
18	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
19	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>
20	<i>Name</i>	<i>Address</i>	<i>Signature</i>
	<input type="checkbox"/> Owner <input type="checkbox"/> Renter	<i>Email</i>	<i>Date</i>