

CITY OF LITTLE ROCK

Infrastructure Project Request Form

Date Submitted:

PLEASE BE ADVISED THAT PROJECTS SELECTED WILL BE SUBJECT TO FUNDING AVAILABILITY

Name:

Address:

Telephone:

Organization:

E-mail:

Project Information

Type of Project:

Streets

Sidewalks

Drainage

Resurfacing

Traffic Signal

Other (Describe)

Project Description

(Attach additional pages if necessary)

1. Briefly describe the proposed project. Please include the boundaries of the project. (ex: reconstruction of Apple Street from 10th - 12th St.)

2. Indicate if this is a new project or the continuation of an existing project. (i.e.: reconstruction of Apple Street, improvements to Turtle Creek, etc.)

Please return the completed form to the following address or e-mail:

City of Little Rock - Department of Public Works

Infrastructure Project Requests

701 West Markham

Little Rock, Arkansas 72201

(501) 371-4811

PublicWorks@littlerock.org