# 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**