



Department of Transportation and Development

ROAD CONCERN FORM

Please print this form, fill it out and mail it to:

Clackamas County Transportation Maintenance
 Road Concerns
 902 Abernethy Road
 Oregon City, OR 97045

Please print legibly.

You can also notify us on the internet at www.clackamas.us/roads/roadconcern.jsp or email us at RoadConcerns@clackamas.us.

LOCATION

Main street name: *

Nearest intersection
or address: *

TYPE OF CONCERN(S)

- | | | |
|-------------------------------------------|--------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Bridge | <input type="checkbox"/> Potholes | <input type="checkbox"/> Speed |
| <input type="checkbox"/> Canby Ferry | <input type="checkbox"/> Road Needs Swept | <input type="checkbox"/> Traffic Signals |
| <input type="checkbox"/> Dead Deer or Elk | <input type="checkbox"/> Road Shoulder | <input type="checkbox"/> Traffic Signs |
| <input type="checkbox"/> Debris | <input type="checkbox"/> Road Striping | <input type="checkbox"/> Vegetation |
| <input type="checkbox"/> Drainage | <input type="checkbox"/> Road Surface | <input type="checkbox"/> Other |
| <input type="checkbox"/> Guardrail | <input type="checkbox"/> Sidewalk | |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Sight Obstruction | |

DESCRIPTION

Please describe the road concern(s) in detail: *

CONTACT INFORMATION

Name: *

Address:

City:

State:

Zip Code:

Phone Number: *

Email Address:

Do you want to be contacted by a County staff member regarding your concern? * Yes No

Do not write in this box – for Office use only.

Date Received: _____ Received By: _____

Comments: _____

Service Request Generated? Yes No If Yes, Service Request #: _____

* Required