

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 19246 Wacheno Parkway 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)
 Bridge Canby Ferry Dead Deer or Elk Debris Drainage Guardrail Parking 	□ Potholes □ Speed □ Road Needs Swept □ Traffic Signals □ Road Shoulder □ Traffic Signs □ Road Striping □ Vegetation □ Road Surface □ Other □ Sidewalk □ Sight Obstruction
DESCRIPTION Please describe the roa	d concern(s) in detail: *
CONTACT INFORMA	ATION
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:	

^{*} Required