



Persons with Disabilities Berm Reduction Request Form

Attach a copy of the following documentation with your application:

- Temporary or Permanent State of Washington Department of Licensing Individual with Disabilities Parking Permit Privilege card.
- Recent utility bill or other bill with my name and address listed.

Please initial each item below:

_____ I am a City of Walla Walla resident.

_____ I hold a current Temporary or Permanent State of Washington Department of Licensing Individual with Disabilities Parking Permit Privilege card and have attached a copy to this application.

_____ I reside at the property where I am requesting service and have attached a copy of a recent utility bill or other bill with my name and address listed.

_____ The property where I am requesting service is a one-or-two-unit dwelling that I occupy.

Address: _____

Describe driveway location: _____

Name (printed): _____

Name (signed): _____

Date: _____

Phone Number: _____

Email: _____

Preferred method of notification (check one): Email Phone

Please mail or deliver Berm Reduction Requests to the City of Walla Walla, Public Works Department, Street Division at 55 E. Moore Street, Walla Walla WA 99362 or send complete applications and attachments by email to pwinfo@wallawallawa.gov by October 1 each year. Applications must be legible and complete to be accepted.