

City of Ravenna
Curb Cut Request Form

Applicant: _____

Applicant Phone Number: _____

Address of Applicant: _____

Address of Curb Cut: _____

Dimensions of Cut: _____

Contractor: _____

Public Works Director Approval: _____

City Council Stamp of Approval: _____

Please draw location of curb cut, the square lines indicate the property lines.

