Neighborhood Street Reconstruction No. 451

SPECIAL NEEDS FORM

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact Name: _____

Email Address: _____

How Many People in Your Home: _____

Describe Special Needs: _____

_____

_____

_____

_____

_____

_____

This information will be given to Wojciech Mrugala who is the Project Manager for the project and he will inform contractors of residents with specific needs.

Please complete this information if you or a neighbor is homebound, Disabled, requires dialysis treatments, or have other critical concerns.

Please complete this form, mail/fax it to the following:

Wojciech Mrugala, Supervising Engineer
City of Houston
Department of Public Works & Engineering
Engineering & Construction Division
P.O. Box 1562
Houston, TX 77251-1562
Office: 832-395-2396
Fax 832-395-2403

Wojciech.mrugala@houstontx.gov