



City of Warrenton
Trail/Park Assessment Form

Received by: _____	
Dept: _____	Ext: _____
Date: _____	Time: _____

Reporting Person: _____ Date _____ Phone: _____

Organization _____ Trails/Parks Volunteer Yes ☐ No ☐ Address: _____

Concern (include Trail name and/or Park area: _____

Routed To: ☐ Maintenance ☐ Park Host ☐ Police ☐ Engineering ☐ Other _____

Response (Action Taken): _____

Date Response Closed: _____ **Responding Person:** _____