



Walk Audit Request Form

Name of School(s): _____ Date: _____

Address of School: _____

Name of Requesting person: _____

Phone: _____ Email: _____

Please check all that apply to your school:

- We have a Safe Routes to Schools leader (parent or staff) at our school
- Parents have strong concerns about traffic safety
- Parents have strong concerns about crime/other safety issues
- We have a program to encourage walking and/or bicycling to school

Thank you for your commitment to providing safer, more walkable neighborhoods for children and families! Please return this form to:

Safe Routes to Schools Alameda County
436 14th Street, Suite 600
Oakland, CA 94612
Fax to 510-740-3131.