

Neighborhood Traffic Calming Program Application

General Information		
Date		
Applicant	Name	
	Address	
	Email	
	Telephone	
Is Applicant the Designated Contact (yes or no)?		Yes No
If yes, skip the following		
Designated Contact	Name	
	Address	
	Email	
	Telephone	

Traffic Calming Concern		
Area of Concern	Street	
	Start Location <i>(Intersection / Point of Interest)</i>	
	End Location <i>(Intersection / Point of Interest)</i>	
Check off all of your concerns		
Speeding		Traffic Accidents
Cut through traffic		Illegal behavior (i.e. donut holes)
Describe traffic concerns:		

Attachments	
Are photographs, maps, or other documentation attached? <i>(yes or no)</i>	
For locations in an Active HOA	
Name of HOA	
Is HOA Letter of Support attached? <i>(yes or no)</i>	
For locations not in an active HOA	
Is the Affected Property Owners Support Petition attached? <i>(yes or no)</i>	

Applicant Signature