



# Neighborhood Traffic Management Project Request Form

Name of Person Submitting Request form: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. Please indicate the type(s) of traffic-related concerns that are present in your neighborhood.

Speeding \_\_\_\_\_

Collisions \_\_\_\_\_

Non-compliance with stop signs \_\_\_\_\_

Excessive traffic volumes \_\_\_\_\_

Pedestrian/Bicycle safety \_\_\_\_\_

Other \_\_\_\_\_

If you selected other, please describe the concern below.

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2. Please describe the limits of your neighborhood and location(s) on the given street(s) in which these traffic-related concerns occur.

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3. Please list the time of day and whether the traffic-related concern primarily occurs during the week or weekend.

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4. Please provide the names, signatures, and contact information for at least 10 residents and/or property owners 18 years and older (from separate households) who are requesting that this neighborhood be considered for selection in the next NTMP cycle.

Printed Name	Signature	Address	Phone No.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			