



Location/nearest address to the area of concern:

Date: \_\_\_\_\_, 20\_\_

**Type of Traffic Control Device Needed:**

Sign or type of device:

Traffic Study Data requested: \_\_\_\_\_

Other: \_\_\_\_\_

**Describe the safety issue or concern:**

\_\_\_\_\_  
\_\_\_\_\_

**Contact Information** [PW Staff may need to contact you for further information]:

**Name:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

You will be updated on the process of the request, but please remember that not all requests can be granted.

**Any other helpful information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY PUBLIC WORKS STAFF**

Outcome of Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant notified of Outcome     Traffic Order signed # \_\_\_\_\_     No TO needed

Completion Date: \_\_\_\_\_    Staff Signature: \_\_\_\_\_