

NEIGHBORHOOD TRAFFIC MANAGEMENT REQUEST FORM

NAME SIGNATURE ADDRESS	DO YOU AGREE TO TRAFFIC CALMING DEVICES ALONG YOUR STREET? (CHECK ONE BOX)		DO YOU AGREE TO TRAFFIC CALMING DEVICES FRONTING YOUR RESIDENCE? (CHECK ONE BOX)	
	YES	NO	YES	NO
	_____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The indicated residents request traffic calming (speed humps or other approved traffic calming devices) to reduce speeding in our neighborhood. My signature certifies that I have read the cover page to this petition.