

TRAFFIC CALMING Request Form

Name: _____ Phone: _____

Address: _____ Zip: _____

Email: _____ Your Neighborhood: _____

- In general, what are your concerns about the traffic in your area? (please check all that apply)
 - Speeding Cut-through traffic Frequent crashes Exhibition driving (such as "donuts")
 - Other (please explain) _____

- Are there specific streets or intersections that you would like to make safer? If so, please list them.

- What concerns you about these locations?

- Check if the problem involves a local school? School name: _____

- Do you have suggestions on how to improve traffic safety in your area?



SIGNATURES: Please have at least ten people from your neighborhood sign this portion of the form before you submit. **IMPORTANT!** To be considered for traffic calming, you must have the signatures, and the attached map of the area.

PRINTED NAME	SIGNATURE	ADDRESS
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____



PLEASE RETURN TO:
 Municipal Transportation Agency
 Planning Division
 1 South Van Ness Avenue, 7th Fl
 San Francisco, CA 94103
www.livablestreets.org