

# Neighborhood Traffic Management Plan Application Form

Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
<sup>1</sup>Day/Message Phone: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_  
<sup>1</sup>E-mail Address: \_\_\_\_\_



Please indicate traffic issues that concern residents in your neighborhood:

- Speeding  Traffic Volumes
- Pedestrian/Bicycle Safety  Accidents
- Other: \_\_\_\_\_

Suggested Traffic Calming Measures (See Appendix B of the Transportation Commission Policy, please rank, No. 1 is most favored): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Location from: \_\_\_\_\_ to \_\_\_\_\_  
(street name) (street name)  
 on \_\_\_\_\_  
(street name)

We, the undersigned, as residents, hereby request the evaluation of the traffic management device listed above. We understand we may be assessed for the cost for the device.

Please list all addresses in the potentially benefited area. One signature per household or business.

Date	Name (please print)	Address	Signature

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Please return the completed application form to the Engineering Department at the address noted above.

1. The Minnesota Data Practices Act requires that we inform you of your rights about the private data we are requesting on this form. Under the law, your telephone number is private data. This application when submitted will become public information. There is no consequence for refusing to supply this information.