



Traffic Calming Request Form
City of Sanford Public Works Department

Date: _____

(Please print or type)

Name of Applicant: _____ Telephone Number: _____

Property Address: _____ Own
Rent

Neighborhood Association Name: _____

Mailing Address: _____

(If different from property address) _____

In general, please describe your traffic related concern (please check all that apply):

Time of day for concern: _____

- Speeding
Pedestrian/Bicycle Safety
Frequent Crashes/Collisions
Cut Through Traffic
Volume
Other/Additional Information (please explain)

Four horizontal lines for describing the concern.

Location - Intersection/Street (s):

Four horizontal lines for location information.

Applicant's Signature

Return form to:
City of Sanford Public Works
P O Box 1788/300 N Park Avenue
Sanford, FL 32772-1788
Fax: 407.688.5081

(To be completed by City of Sanford Public Works Department)

Commission District: _____ Project Assigned to: _____

Public Works Department Recommendation/Action: _____

Three horizontal lines for department recommendation.