



Traffic Calming Request Form

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)

Location – Intersection/Street (s):

Applicant's Signature _____

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

Commission District: _____ Project Assigned to: _____

Public Works Department Recommendation/Action: _____

Return form to: City of Sanford Public Works – P.O. Box 1788 – Sanford, FL. 32772-1788