

Traffic Calming Project Application Petition Form (Local Street)

Contact Name _____ Day Phone _____

Address _____

E-mail Address _____

Traffic Calming Measure Requested (List one only) _____

Proposed Location from: _____ to _____
(street name) (street name)
on _____.
(street name)

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

Page ____ of ____

Please return the completed application form along with the signed petition forms to:
City of Bloomington, Engineering Division, Traffic
1700 W. 98th Street, Bloomington, MN 55431-2501

* Please check box adjacent to signature if you have reviewed page 31, "Removal of Traffic Calming Measures."