

Traffic Calming Program Initiation Petition

Traffic Concern: _____ Page _____ of _____

Location of Traffic Concern: _____ Neighbourhood: _____

Suggested Traffic Calming Device: _____ Name of Applicant: _____

	First and Last Name (please print)	Address (House Number and Street)	Phone # (e.g. 306-555-5555)	I support a traffic study to review this concern? (Yes / No)	Signature
1					
2					
3					
4					
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9					
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11					
12					
13					

INTERNAL USE ONLY Received by: _____ Date submitted: _____