TRANSPORTATION SAFETY ADVISORY COMMITTEE REQUEST FORM

Rcv'd: _____
By: _____
Req #: _____

Please fill out this form in its entirety (feel free to attach photos or additional information) regarding the review of a traffic or pedestrian safety issue. If applicable, your request will be presented to the Committee for review and determination. Forms must be received 30 days prior to the scheduled quarterly meeting. TSAC webpage

Requestor Contact Information

Name: _____ Phone: _____

Mailing Address: _____

City/State/ZIP Code: _____

Email Address: _____

Are you able to attend the TSAC meeting where this request will be presented to the Committee? [Select One]
(First Wednesday of February, May, August, and November at 3:00 PM)

Category

☐ Changes to Traffic Patterns ☐ Crosswalks ☐ Hike and Bike Lanes
☐ No Parking Zones ☐ Poor Site Distance at Intersections ☐ Speed Limit Increase/Decrease
☐ Speed Limiting Devices ☐ Yield and Stop Signs ☐ Other

Location / Situation for Review and Description of Concerns

Desired Outcome/Resolution

FOR INTERNAL USE ONLY

Public Works Comments:

Public Safety Comments:

Estimated Costs, including but not limited to, required studies / analysis: