

# Traffic Calming Issue Report Form

The purpose of this form is to enable residents of the City of Benicia to report an issue that may be resolved by means of the City Traffic Calming Program. This form is for major road and neighborhood street issues. The form must be filled out in its entirety and returned to the City of Benicia Public Works Department staff.

Name: \_\_\_\_\_ Organization (if applicable) \_\_\_\_\_

Date: \_\_\_\_\_ Daytime Tel. \_\_\_\_\_ Evening Tel. \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

**Type of Issue:** Please indicate traffic issues that concern residents and business owners in your neighborhood/along your street:

- Speeding
- Traffic Volumes
- Collision (Accidents)
- Pedestrian/Bicycle Safety
- Other:

\_\_\_\_\_

**Description of Issue:** Please describe the traffic issues that concern residents and business owners in your neighborhood/along your street:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Location:** Please describe the street or location of concern, as well as the limits of your neighborhood (street name and cross street or other information). Feel free to provide a sketch of any concerns on the backside of this sheet.

Street name \_\_\_\_\_

(between \_\_\_\_\_ and \_\_\_\_\_)

**Neighborhood Support:** To complete this request, at least ten (10) residents/business owners from separate households/businesses within the boundaries described above must sign the petition below. Each resident must be at least 18 years of age. Each household (or housing unit) gets one vote.

**By providing the information below, you indicate support for initiation of a traffic calming plan.**

	<b>Signature</b>	<b>Printed Name</b>	<b>Address</b>	<b>Phone Number (optional)</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				