

**REQUEST FOR
TRAFFIC CALMING MEASURES**

To better serve the neighborhoods and understand the traffic calming requests received, please respond to the following statements. Please include the petition with the informational sheet. Attach additional sheets if necessary.

⌚ Identify the street or area where traffic calming is to be implemented:

⌚ Describe the traffic issues (speeding, volume, etc). Please include a description of who is involved (a certain kind of driver, most drivers, etc), who is affected (pedestrians, homeowners), and the days and/or time of day when the traffic issue is most prevalent:

⌚ List any neighborhood characteristics that may be pertinent to the traffic issue. Some characteristics may include school and business location with respect to traffic area, use of area by pedestrians or bicyclists, geometry of road, etc.

Contact Name: _____ Phone: _____

Please return completed petition to:

City of Ann Arbor Public
Services Department Traffic
Calming Program
PO Box 8647
Ann Arbor, MI 48107-8647
(734) 794 - 6410

