



Traffic Sign Inventory and Signal Timing Request

Requestor Name _____

Company Name _____

Address _____

City, State, Zip _____

Email _____

Phone Number _____ Fax _____

Date of Request ____/____/____ Time of Request _____

Date Needed ____/____/____

Requested Locations

Sign or Signal

Location 1 _____ sign/signal timing

Location 2 _____ sign/signal timing

Location 3 _____ sign/signal timing

Location 4 _____ sign/signal timing

Location 5 _____ sign/signal timing

Reason for request _____

Charges to be Paid in Advance

Sign Inventory request is **\$51.00/half hr**, minimum time ½ hour. Two reports per ½ hour.

Signal Timing/Phase request is **\$59.00/half hr**, minimum time ½ hour. Two reports per ½ hour.

Minimum 72 hour advance notice is required.

You may Mail:

**City of Ann Arbor
Attn: Marc Moreno
4251 Stone School Rd
Ann Arbor MI 48108**

or Fax : 734-794-6378

For office use only

Sign Inventory

Total hours _____ Amount Paid \$ _____ Date ____/____/____

Signal Inventory

Total hours _____ Amount Paid \$ _____ Date ____/____/____

Cash _____ Check No. _____

Revised 11/17/21