



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 ____ / ____ / ____

<u>Requested Locations</u>	<u>Sign or Signal</u>
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 $\frac{1}{2}$ hour. Two reports per $\frac{1}{2}$ hour.

Signal Timing/Phase request is **\$59.00/half hr**, minimum time $\frac{1}{2}$ hour. Two reports per $\frac{1}{2}$ hour.

Minimum 72 hour advance notice is required.

You may Mail: **City of Ann Arbor** **or Fax : 734-794-6378**

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

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