

Traffic Calming Request Form



Date: _____

Primary Contact Information

Name

Email Address

Phone Number

Street Address

Zip Code

Specify the Location and Concerns

The City of Lafayette will evaluate the need for traffic calming on a block-by-block basis; a separate application must be submitted for any adjacent blocks. Please define your block:

_____ from _____ to _____
Your Street *Cross Street* *Cross Street*

The City of Lafayette Traffic Calming Program addresses mid-block speeding on residential streets. Feel free to provide more detailed information about concerns on your street:

Neighborhood Petition

To be considered for traffic calming, the application must include signatures from an adult resident of at least half of the distinct addresses on both sides of your block, using the petition form attached. One signature is allowed per address.

Community Contacts (Optional)

Please use the attached sheet to provide the names, addresses, and primary contact information for any schools, community centers or senior centers on your block, and list any parks or playgrounds. *Locations near schools and other community-oriented facilities will receive increased consideration. However this sheet is an optional form to your application.*

Traffic Calming Request Petition

We the undersigned hereby petition the City of Lafayette to perform the necessary evaluation to consider whether, and if so, which, traffic calming measures are appropriate for:

_____ from _____ to _____
Your Street *Cross Street* *Cross Street*

By signing this petition, I agree to have an appropriate traffic calming measure installed in front of my residence if deemed the most appropriate solution by City of Lafayette staff.

	Print Name	Sign (agree to statements above)	Address (one signature will be counted per unit)	Email Address
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Traffic Calming Request Community Contacts (*OPTIONAL*)

Please provide the names, addresses, and primary contact information for any schools, community centers, senior centers, parks and playgrounds on

_____ from _____ to _____.
Your Street *Cross Street* *Cross Street*

Contact information for parks and playgrounds is not needed. Locations near schools and other community oriented facilities will receive increased consideration when evaluating your location.

Name of Facility	Type of Facility (eg Pre-School, Senior Center, High School)	Address	Contact Person & Title (e.g. Principal)	Email Address