



Petition for Neighborhood Traffic Calming

Street or area: _____ If along street, from (street): _____ to (street): _____

Petition contact name: _____ Phone: _____ Email: _____

Petition contact address: _____

By signing this petition, I am showing my support for the above mentioned street or area to be investigated for potential traffic calming.

Signature	Print Name	Address	Date	Email Address (optional)

Please note:

1. Petitioners are encouraged to contact TrafficCalming@a2gov.org to discuss the project area to help ensure a successful neighborhood traffic calming process.
2. Traffic calming program criteria require that this petition include signatures from a representative (renter or owner) of at least 50% of all project area addresses.
3. Only one signature per address will be counted in tallying qualification criteria.
4. By legibly providing your email address you will be added to a distribution list for this project. You may request removal at any time.

Please attach additional signature pages as needed. Visit a2gov.org/TrafficCalming for more information.



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