



Neighborhood Traffic Calming Request Application

Transportation & Capital Improvements

City of San Antonio

Neighborhood Traffic Calming Program

PO Box 839966

San Antonio, Texas 78283-3966

Request for Traffic Calming Investigation

The following is a request form for neighborhood traffic calming (please feel free to submit this form as a formal request). Each request must contain the completed information as indicated in sections A, B, and C. Please note that studies will not be performed over the summer or during winter and spring holidays. Applications will remain valid for no more than five (5) years, after which a new application will have to be submitted.

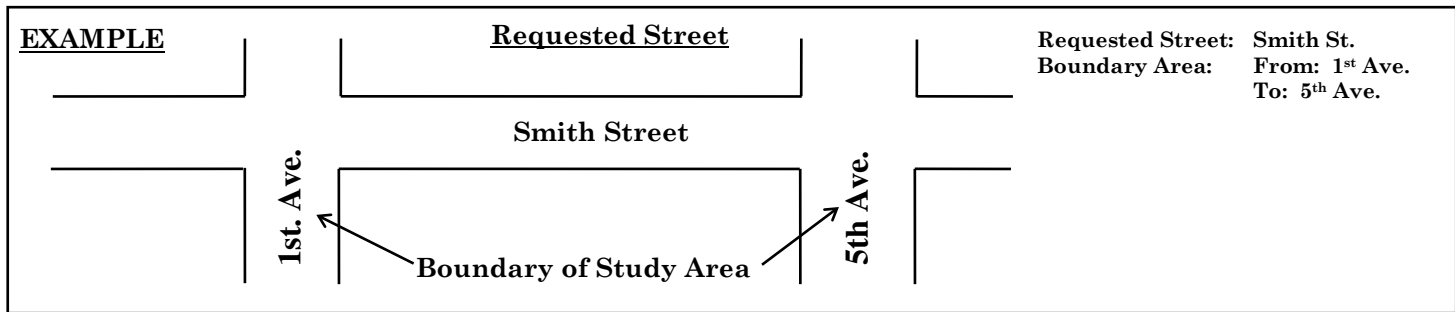
A. Street Study Information

Each request must provide the name of the street on which a study is requested and the boundaries of the street segment. Boundary limits may change at the discretion of the Transportation & Capital Improvements (TCI). Traffic studies will be conducted only within the boundaries indicated. Please use street names for boundary limits, not block ranges.

Requested Street:

Boundary Area: From:

To:



B. Contact Person Information

Each request must provide a contact person who lives on the requested street within the study area boundary. If the request is being submitted from a neighborhood association, please provide the name, address, and telephone number of the duly authorized representative of the neighborhood association. The contact person will receive all correspondence and will be responsible for gathering evidence of support.

Name:

Address:

San Antonio, TX Zip: **Phone #:**

E-Mail Address:

I agree to be the contact person for the above request, and I understand that a request may not automatically be withdrawn from consideration once a study determines the street to be eligible for traffic calming treatments.

Signature: **Date:**

Transportation & Capital Improvements Department

Neighborhood Traffic Calming Program

C. Evidence of Neighborhood Support

Please provide evidence of neighborhood support for participation in the program. The attached form can be used for this request. Evidence of support must be within the study area as identified in Section A. Additional copies of this page may be submitted to secure the required number of signatures.

We, the undersigned property owners of _____, hereby offer our support for our neighborhood's participation in the traffic calming study.

Please secure signatures from property owners representing at least 2/3 of the properties whose property is next to the street segment in question (one signature per address only). **For speeding issues, street length must be at least ¼ mile long.** To determine the number of signatures needed, use the following formula:

Number of properties = _____ multiplied by 0.67 = _____ (round **up** to the next whole number)

By signing this form, you give your consent for placement of the traffic calming treatment next to your property and you understand on-street parking may be removed.

Printed Name	Phone #	Address	<input type="checkbox"/>	<input type="checkbox"/>	Signature
			<input type="checkbox"/>	<input type="checkbox"/>	
Printed Name	Phone #	Address	<input type="checkbox"/>	<input type="checkbox"/>	Signature
			<input type="checkbox"/>	<input type="checkbox"/>	
Printed Name	Phone #	Address	<input type="checkbox"/>	<input type="checkbox"/>	Signature
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