



CITY OF BALTIMORE
DEPARTMENT OF TRANSPORTATION
TRAFFIC DIVISION
417 E. Fayette Street
Baltimore, MD 21202

REQUEST FORM

TYPE OF REQUEST:

- Traffic Light Sequence /Traffic Signal Timing Report
- Map
- Court appearance
- Please indicate whether this includes a “RUSH” request (less than 10 days)

See attached Fee Schedule for each Type of Request.

STREET INFORMATION:

Street Name(s): _____

From: _____

To: _____

ADDITIONAL NOTES:

CONTACT PERSON INFORMATION:

Name: _____

Company: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

**CITY OF BALTIMORE
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FORM 2: REQUEST FOR TRAFFIC CALMING STUDY

INTRODUCTION

The following is a request for a traffic calming study. The request will be processed according to procedures in the *City of Baltimore Traffic Calming Policies and Guidelines*. Please complete both Part A and Part B.

A. STREET INFORMATION

Please provide the name(s) of the street(s) on which a study is requested as well as the boundaries of the street segment. (Note: Boundaries may change at DOT's discretion).

Requested Street: _____
From: _____
To: _____

Describe Problem(s): _____

B. CONTACT PERSON INFORMATION

Each request must provide a contact person who lives on the (or one of the) requested street segments or is a COMMUNITY ASSOCIATION representative. The contact person will receive all relevant correspondence and be responsible for gathering evidence of support when requested.

Name of Representative: _____

Community Association: _____

Address: _____

City of Baltimore Traffic Calming Policies and Guidelines

Zip Code: _____ Telephone Number: _____

I agree to be the contact person for the above request

Signature: _____ Date: _____

Evidence of support attached? Yes No

Does the COMMUNITY ASSOCIATION concur with this application? Yes No



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**FORM 3: REQUEST FOR REMOVAL OF A TRAFFIC CALMING
MEASURE**

INTRODUCTION

The following is a request for the removal of a traffic calming measure(s). The request will be processed according to procedures in the *City of Baltimore Traffic Calming Policies and Guidelines*. Please complete both Part A and Part B.

A. **STREET INFORMATION**

Please provide the name(s) of the street(s) on which the traffic calming measure is located.

Street Name(s): _____

From: _____

To: _____

Description/Type of Measure: _____

B. **CONTACT PERSON INFORMATION**

Each request must provide a contact person who lives on the (or one of the) requested street segments within the study area boundary or is a COMMUNITY ASSOCIATION representative. The contact person will receive all relevant correspondence and be responsible for gathering evidence of support when requested.

Name of Representative: _____

Community Association: _____

Address: _____

Zip Code: _____

Telephone Number: _____

I agree to be the contact person for the above request

City of Baltimore Traffic Calming Policies and Guidelines

Signature: _____ Date: _____

Evidence of support attached? Yes No

Does the COMMUNITY ASSOCIATION concur with this application? Yes No