



Baltimore City Department of Transportation

TRAFFIC DIVISION

417 East Fayette Street
Baltimore, Maryland 21202

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 parts "A and 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: _____

Zip Code: _____ Telephone Number: _____

I agree to be the contact person for the above request.

Signature: _____ Date: _____

Evidence of Support attached? (circle one) YES NO

Does the COMMUNITY ASSOCIATION concur with this application? (circle one) YES NO