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