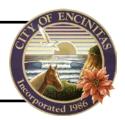
TRAFFIC CALMING PETITION FORM



The purpose of this form is to enable residents of Encinitas to request the initiation of a traffic assessment to determine potential eligibility in the City's traffic calming program. The form must be filled out in its entirety and returned to:

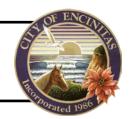
City of Encinitas **Engineering Department** Attn: Traffic Calming Program 505 S. Vulcan Ave. Encinitas, CA 92024

Please

	Requestor Contact Information	
	Name:	
	Address:	
	Phone / Email:	
1.	Describe the traffic-related issues that concern residents in your residents in your residents.	neignborhood.
2.	Describe the location(s) of concern.	

TRAFFIC CALMING PETITION FORM

Requestor Name:



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Locatio	n(s) of traffic-related iss	ue:		_
	the names and signature ched traffic-related issue		re likely impacted by the c	concerns identified on
Only or	ne signature per househo	ld will count toward	petition endorsement.	
	ing this petition, residenuld like the City to evalu		ssues as stated on the traff	ic-related issue form
	Printed Name	Address	Phone/Email	Signature
1				
2				
3				
4				
_				
6				
18				

Copy and attach additional signature pages as necessary.