

Appendix A: Petition for Installation of Traffic Calming Devices - City of Richland Neighborhood Traffic Safety (NTS) Program

Request Date: _____

Please describe the area where the problem with speeding or cut-through traffic is most evident. List specific streets and intersections (Example: Traffic on street A between Street B and Street C travels at high speed).

What time of day do the concerns listed seem most noticeable? _____

What days of the week the concerns listed seem most noticeable? _____

Provide the names and signatures of at least three people from within the proposed project area.

	Name	Street Address	Phone Number	Email	Signature
1*					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**The first name on the list shall be considered the primary point of contact for this request.*

Please send to: Attn. Transportation & Development Manager, City of Richland, 625 Swift Blvd MS-26, Richland, WA 99352