

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

Request Date: _____

Please describe the problem with the current traffic calming devices. List specific locations and details

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