



# Traffic Calming Request Form

## Primary Contact Information

_____	_____	_____
<i>Name</i>	<i>Email Address</i>	<i>Phone Number</i>
_____		_____
<i>Street Address</i>		<i>Zip Code</i>

## Specify the Location and Concerns

The SFMTA will evaluate the need for traffic calming on a block-by-block basis; a separate application must be submitted for any adjacent blocks. Please define your block:

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

*Your Street*                      *Cross Street*                      *Cross Street*

The SFMTA Traffic Calming Program addresses mid-block speeding on residential streets. Feel free to provide more detailed information about concerns on your street:

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Please return to:                      Traffic Calming Program, SFMTA Livable Streets Subdivision  
 One South Van Ness Avenue, 7<sup>th</sup> Floor, San Francisco, CA 94103  
 – or – scan and send to [trafficalming@sfmta.com](mailto:trafficalming@sfmta.com)

Visit [www.sfmta.com/calming](http://www.sfmta.com/calming) for more information on the SFMTA's Residential Traffic Calming Program.

## Traffic Calming Request Petition (Optional)

We the undersigned hereby petition the San Francisco Municipal Transportation Agency to perform the necessary evaluation, hold public hearings, and recommend that speed cushions or other appropriate traffic calming measures be installed on

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
*Your Street* *Cross Street* *Cross Street*

A public hearing will be held before physical measures are approved for this

location. **By signing this petition,**

- I agree to have a speed cushion or other appropriate traffic calming measure installed in front of my residence/business if deemed the most appropriate solution by SFMTA staff; and
- My signature here counts as a “yes” vote unless I later submit a “no” vote.

	Print Name	Sign (agree to statements above)	Address (one signature will be counted per unit)	Email Address
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				



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- My signature here counts as a “yes” vote unless I later submit a “no” vote.

	Print Name	Sign (agree to statements above)	Address (one signature will be counted per unit)	Email Address
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				



## Traffic Calming Request Community Contacts (*OPTIONAL*)

Please provide the names, addresses, and primary contact information for any schools, community centers, senior centers, parks and playgrounds on

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
*Your Street* *Cross Street* *Cross Street*

Please use the attached sheet to provide the names, addresses, and primary contact information for any schools, community centers or senior centers on your block, and list any parks or playgrounds. Locations near schools and other community oriented facilities will receive increased consideration. However this sheet is an optional form to your application.

Name of Facility	Type of Facility (eg Pre-School, Senior Center, High School)	Address	Contact Person & Title (e.g. Principal)	Email Address