Traffic Calming Request Form

Primary Contact Information

_____   _____   _____
Name   *Email Address*   *Phone Number*

_____   _____
Street Address   *Zip Code*

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:

_____

_____

_____

_____

Neighborhood Petition

To be considered for traffic calming, you must obtain signatures from 20* distinct addresses on your block, using the petition form attached. One signature is allowed per address.

Signatures are required as part of the application process to ensure community support before the planning process begins. If your block is selected for traffic calming, residents on your block will be given the opportunity to vote on a speed hump or other traffic calming measure that is recommended by SFMTA staff.

*If there are fewer than 40 addresses on your block, please obtain signatures from half of them.

Community Contacts (Optional)

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.*

Please return by June 30, 2022 to: Traffic Calming Program, SFMTA Livable Streets Subdivision
One South Van Ness Avenue, 7th Floor, San Francisco, CA 94103
– *or* – scan and send to trafficcalming@sfmta.com

Visit www.sfmta.com/calming for more information on the SFMTA's Residential Traffic Calming Program.

Traffic Calming Request Petition

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

_____ from _____ to _____
Your Street   *Cross Street*   *Cross Street*

A neighborhood ballot will be circulated and a public hearing will be held before physical measures are approved for this location.

By signing this petition,
- I agree to have a speed hump 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 in a neighborhood ballot which will be distributed if my block is deemed eligible for traffic calming.

	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				

Traffic Calming Request Petition

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

_____ from _____ to _____
Your Street   *Cross Street*   *Cross Street*

A neighborhood ballot will be circulated and a public hearing will be held before physical measures are approved for this location.

By signing this petition,
- I agree to have a speed hump or other appropriate traffic calming measure installed in front of my residence/business if deemed the most appropriate solution by SFTMA staff; and
- My signature here counts as a "yes" vote unless I later submit a "no" vote in a neighborhood ballot which will be distributed if my block is deemed eligible for traffic calming.

	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_

Contact information for parks and playgrounds is not needed. Locations near schools and other community oriented facilities will receive increased consideration when evaluating your location.

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