

Date

Traffic Calming Request Form

Primary Contact I	nformation		
Name	Email Address	Phone Number	
Street Address		Zip Code	
Specify the Locati	ion and Concerns		
	ate the need for traffic calming on a ubmitted for any adjacent blocks. P		
	from	to	
Your Street	Cross Street	Cross Street	
	letailed information about concerns	ck speeding on residential streets. Fe	
			_

Please return completed form to: Scan and email to trafficcalmingapp@sfmta.com -- or -- Mail or hand-deliver to: SFMTA Traffic Calming Program,
One South Van Ness Avenue, 7th Floor, San Francisco, CA 94103



Traffic Calming Request Petition (Optional)

Ve 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
nstalled on

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

By signing this petition,

Your Street

- 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				



Traffic Calming Request Petition (Optional)

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	from		to	
Your Street		Cross Street	<u> </u>	Cross Street

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

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- 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 SFTMA 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
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				



Traffic Calming Request Community Contacts (OPTIONAL)

_	from		to	·
our Street	Cross	s Street	Cross Street	
ools, community cer	nters or senior centers on munity oriented facilities	on your block, and list a	primary contact information for ar any parks or playgrounds. Locatic consideration. However this shee	ns near
Name of Facility	Type of Facility (eg Pre-School, Senior Center, High School)	Address	Contact Person & Title (e.g. Principal)	Email Address