

Neighbourhood Traffic Calming Study Application Form

What location are you requesting a Neighbourhood Traffic Calming Study for?

Which of the following applies to you?

I live on this street.

I work on this street.

My kids go to school on this street.

I live nearby and use this street frequently for commuting, cycling, or walking.

Other (please specify)

Please select the primary areas of concern for the street in question:

Speeding

Cut-through traffic

Vehicle Volumes

Collision concerns

Pedestrian and cyclist safety

Other (please specify)

Is there a specific time of day when traffic is an issue?

Morning

Noon

Afternoon

Evening

Overnight

All day

Name:

Date:

Phone

Email:

Preferred method of contact

Email

Phone

Thank you for your Neighbourhood Traffic Calming Study request. You will receive a confirmation email or phone call once your application has been processed.