

Near School or Park

## **Appendix E: Traffic Calming Request Form**

## **Neighborhood Traffic Calming Request Form**

Thank you for taking the time to fill out this Traffic Calming Request Form, summarizing your request and specific concerns. This form will allow City staff to better understand the specific nature of your request, be able to respond to your request and provide you with information on the next steps.

Where is the specific issue? Try to identify specific road names, landmarks or building and

beginning and end of the roa	d segment	- -
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2. Please identify if your reques	t relates d	lirectly to any of the following; (Check if it applies)
Issue Category	Check	Location (If Applicable)
Speeding		
Cut-Through or Short Cutting		
High Volumes		
Pedestrian Safety		
Difficult Sightlines or Geometry		



3.	Please briefly describe the problem or issue.				
4.  Rec You Dep	Do you have any suggested solutions? (May reference Appendix B of The City of Pitt Meadows Traffic Calming Policy)				
Re	quester Info				
Na	me: Address:				
Pho	ne Number: Email:				
	n may submit this completed form to the City of Pitt Meadows, Attention: Engineering partment.				
120	of Pitt Meadows 07 Harris Road Meadows BC V3Y 2B5				

Or you may also submit the form electronically by email to: info@pittmeadows.ca



## **Appendix F: Traffic Calming Petition**

## **Neighborhood Traffic Calming Petition**

Organizer Info	
Name:	Address:
Phone Number:	Email:
Impacted area of proposed traffic calming:	

A request for traffic calming has been made in your neighborhood. The City of Pitt Meadows Engineering Department has conducted a site visit and has found the following information about traffic in your neighborhood.

Average Daily Volume
85 <sup>th</sup> Percentile Speed*
ICBC Accident History

Does location meet City warrant criteria? Y/N

\*85th Percentile Speed means that 85% of the vehicles captured travel at or below that speed, 15% travel above the speed.



We, the undersigned, hereby support the implementation of traffic calming measures in our neighborhood. (Please limit to one signature per household)

Printed Name	Signature	Address	Phone	