

APPLICATION FOR TRAFFIC CALMING

Date: _____

Name of applicant: _____

Address : _____

Phone Number: _____

Name of neighborhood: _____

Names of streets in neighborhood: _____

Please rank the traffic problems in your neighborhood
(1 for greatest concern, 9 for least concern):

_____ Traffic Volume	___ Danger to Pedestrians along streets
_____ Traffic Noise	___ Danger to Pedestrians crossing streets
_____ Speeding	___ Difficulty leaving your driveway/street
_____ Vehicle Crash Problems	___ Other (Please explain in comments sect.)
_____ Parking	

Please provide 5 to 10 neighborhood residents who agree to participate/form the neighborhood steering committee:

Name:	
Address:	
Phone:	

Name:	
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Phone:	

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Name:	
Address:	
Phone:	

Comments: _____

Please return completed application to:
Traffic Calming Coordinator
Public Works Department
Traffic and Transportation Division (5910)
101 Jefferson St. #202
P.O. Box 4017-C
Lafayette, LA 70502
Phone: (337) 291-8549
Fax: (337) 291-8019
Email: nreinners@lafayetteLA.gov