

## All-Way Stop Request Form

Application Date:

Name:

Address:

Contact Phone #:

Email:

Requesting All-Way Stop Control:

☐ Implementation

☐ Removal

Description of Location:

*Provide sketch on back*

## Office Use Only

STAFF REVIEWING:

DATE:

APPROVED/BYLAW:

Mail or Drop off this form to:  
944 James Street, PO Box 1539  
Woodstock, ON N4S 0A7  
Attention: Manager of Municipal Infrastructure

\* Please provide a sketch of issues or concerns including street names and traffic control (stop signs or traffic signals if applicable)

