

**Traffic Calming Measure Request Form**

Application Date:

Name:

Address:

Contact Phone #:

Email:

Requesting Traffic Calming Measure:

 Implementation Removal

Description of Location:

*Provide details. See next page.***Office Use Only**

STAFF REVIEWING:

DATE:

APPROVED/BYLAWS:

**Mail or Drop off form to: Engineering Office, 944 James Street, PO Box 1539, Woodstock, ON N4S 0A7****Attention: Manager of Municipal Infrastructure****or****Email form to: [engineering@cityofwoodstock.ca](mailto:engineering@cityofwoodstock.ca)**

\* Please provide details regarding any issues or concerns including street names and traffic control (stop signs or traffic signals if applicable)