

## Traffic Calming Measure Request Form

Application Date:

Name:

Address:

Contact Phone #:

Email:

Requesting Traffic Calming Measure:

Implementation

Removal

Description of Location:

*Provide sketch. See next page.*

### Office Use Only

STAFF REVIEWING:

DATE:

APPROVED/BYLAW:

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

