

**Pedestrian Cross-Over Request Form**

Application Date:

Name:

Address:

Contact Phone #:

Email:

Requesting Pedestrian Cross-Over:

 Implementation Removal

Description of Location:

*Provide sketch on back***Office Use Only**

STAFF REVIEWING:

DATE:

APPROVED/BYLAWS:

**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)

