

## All-Way Stop Request Form

Application Date:

Name:

Address:

Contact Phone #:

Email:

Requesting All-Way Stop Control:

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