Traffic Calming Request Form

Street Name: ____________________________________________________________

Beginning address or cross street: _______________________________________________

Ending address or cross street: __________________________________________________

Type of Traffic Calming Requested:

☐ Speed Humps
☐ Driver Feedback Signs
☐ Other ________________________

Contact Person:
Name: __________________________________________Phone #:____________________

Address: ___________________________________________________________________

Signatures from ten property owners living in homes addressed on the requested street
are required. You may use the table on the back of this form to collect signatures or
provide them separately.

Submit completed form to:
Ahmed Dahir, Engineer
at the address above or via e-mail, adahir@slco.org

Questions? Call 385-468-6608
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<th>Name (printed)</th>
<th>Street Address</th>
<th>Signature</th>
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Comments:

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