

### Attachment 3

## City of Traverse City Neighborhood Traffic Calming Program Resident Questionnaire

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

1. Describe the location of the traffic problem. Please include the name of each street and/or intersection affected by the problem. \_\_\_\_\_

\_\_\_\_\_

2. Of the items below, which best describes the traffic problem (circle all that apply)?

- Speeding
- Traffic Volumes
- Cut-through Traffic
- Traffic Noise
- Crashes
- Pedestrian Safety (including bicyclists)
- Parking
- Other (please explain)

3. Describe the time of day the problem appears to be the worst. Please be as specific as possible.

\_\_\_\_\_

4. Describe what you feel is causing the problem. For example, particular drivers or most drivers on your street? \_\_\_\_\_

\_\_\_\_\_

5. Have you previously contacted the City of Traverse City for help in addressing your traffic problem? If yes, please indicate which departments have been contacted.

\_\_\_\_\_

\_\_\_\_\_

***Please submit the following petition form along with your application to the City Planning Department, 400 Boardman Avenue, Traverse City, MI 49684.***

***Thank you.***

