CITY OF
TRAVERSE CITY

Attachment 3

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.

Traffic Calming Program
Applicant Petition

We the undersigned residents of _____, between _____ and _____ streets, request the City of Traverse City to provide traffic calming solutions for the traffic problem(s) described in the attached application.

Please place a check mark in front of your name if you would like to serve on a sub-committee to help determine your street's traffic calming solution.

Name (printed)	**Address**	**Signature**