

Neighborhood Traffic Calming Program

P e t i t i o n F o r m



Page 1 of 2

Please fill out this form, gather signatures, and submit materials to:
trafficcalming@cityofsouthfield.com

Full Name : Date :

Address :

Phone : Email :

1. Please indicate what type of petition this is.

- New Neighborhood Traffic Calming Study
- Counter Petition to Existing Petition for Study *(If this is a counter petition, please fill out question 2, and complete signatures. Questions 3-5 are not required)*

2. Location of Concern. *Include name of neighborhood, streets and cross streets, and any addresses to help define the study area.*

3. What specific concern have you identified with the above location? *Check the box that fits your concern, then provide a description below.*

- Speeding Cut-Through Traffic Other Safety Concern

4. Please identify the specific days and/or time period that the concern takes place.

5. What solutions do you believe would address your concern?

