# Neighborhood Traffic Calming Program 

## 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.
$\square$ New Neighborhood Traffic Calming Study
$\square$ 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.
$\square$ Speeding
$\square$ Cut-Through Traffic
$\square$ 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?

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Property Owner Petition Form Page 2 of 2
Please provide the names, address, phone numbers/email and signatures of impacted property owners that support this project. Tenant signatures will not be accepted. (60\% support of impacted households is required for petition or counter petition consideration. Attach additional signature sheets as needed.)
Is this for a counter petition? $\square$ No $\square$ Yes
If yes, please indicate location of original petition:
Address
Phone/Email
Signature

