## Neighborhood Traffic Calming Program Petition Form



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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  |                           |            |             |  |  |  |
| <b>Counter Petition to Existing Petition for Study</b> (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  | g 🛛 🗌 Cut-Through Traffic | Other Safe | ety 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?  |                           |            |             |  |  |  |

## Neighborhood Traffic Calming Program



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## Property Owner Petition Form

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? 🗌 No 🔲 Yes

If yes, please indicate location of original petition:

| Name | Address | Phone/Email | Signature |
|------|---------|-------------|-----------|
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