

**Speed Cushion Study Request** 

We the undersigned, representing ten households on the street below, request a traffic study. Depending on the outcome of the study, we may want to pursue speed humps on our street. However, our signatures on this form do not commit us to support speed cushions at any time in the future.

| Cont   | act Name:                             |  | Daytime Phone:   |                     |
|--|---------------------------------------|--|------------------|---------------------|
| Address: ZIP C   |                                       |  | ZIP Code:        |                     |
| Neighborhood Name: E-mail A  |                                       |  | E-mail Address ( | Optional)           |
| Where should the study be conducted? Please be as specific as possible. (Example: Adams Street between 2 <sup>nd</sup> and 3 <sup>rd</sup> Avenues)  |                                       |  |                  |                     |
| Note: It may not be possible to conduct the study at exactly the location listed above, but we will conduct it as near as possible.<br>Are there any dates in the next month when the study should not be conducted? (Example: because of planned road   |                                       |  |                  |                     |
| construction nearby, schools out of session, etc.)   |                                       |  |                  |                     |
|  |                                       |  |                  |                     |
| Si   | Signature (One per household) Address |  | Phone            |                     |
| 1  |                                       |  |                  |                     |
| 2  |                                       |  |                  |                     |
| 3  |                                       |  |                  |                     |
| 4  |                                       |  |                  |                     |
| 5  |                                       |  |                  |                     |
| 6  |                                       |  |                  |                     |
| 7  |                                       |  |                  |                     |
| 8  |                                       |  |                  |                     |
| 9  |                                       |  |                  |                     |
| 10   |                                       |  |                  |                     |
| After completing this form, fold it for mailing. The address appears on the back of this page. <b>Don't forget to use first-class postage.</b> Once we receive the form, we will schedule a traffic study in your neighborhood and inform you of the schedule. The Speed Cushion Program is a function of the City of Pheorix Street Transportation Department. Thenk you for your interact in |                                       |  |                  | For office use only |
| function of the City of Phoenix Street Transportation Department. Thank you for your interest in traffic safety. If you have questions, please call 602-262-4659.  |                                       |  |                  | Rev.4/08            |

This publication can be made available in braille, large print, audio tape, or cassette tape upon request. Contact the Street Transportation Department at 602-262-6284 if you would like any of these services. Our TTY phone number is 602-256-4286.

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From:

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City of Phoenix Street Transportation Department Speed Cushion Program 200 West Washington St., 6th Floor Phoenix, AZ 85003-1611