

CITY OF CHARLOTTESVILLE

Public Works - Traffic Engineering

610 East Market Street, PO Box 911

Charlottesville, VA 22902

Return to: traffic@charlottesville.gov



Request for Transportation Study

The following is a request for a traffic calming study. The request shall be processed according to procedures in the City of Charlottesville Traffic Calming Guidebook.

Street Information

Please provide the name(s) of the street(s) on which a study is requested as well as the boundaries of the street segment. (Note: Boundaries may change at PWs' discretion).

Street: _____ Traffic Problem(s): _____
From: _____
To: _____

Contact Information:

Each request must provide a contact person who lives on the requested street segment.

Name of Representative: _____

Address: _____ Zip Code: _____

Phone Number: _____ Email address: _____

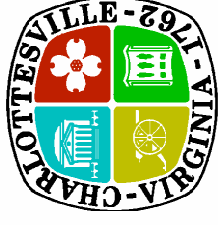
I agree to be the contact person for the above request.

Signature: _____ Date: _____

Evidence of Support Attached: Yes No

(Note: Must have 50% of residents sign the request in order for the City to perform a transportation study)

CITY OF CHARLOTTESVILLE TRAFFIC CALMING PETITION



To the residents of _____
 [local street name] _____
 in the City of Charlottesville.

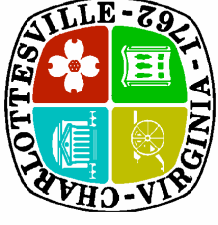
This request was made by you or your neighbors and will be investigated by the Neighborhood Development Services Department. Fifty (50) percent of affected households must be in favor of this review before any data collection begins. (A formal ballot will be required prior to any implementation.)

On _____ from _____ to _____
 [local street to be 'calmed'] [street name] [street name]

Street Address of Affected Household	Representative of Affected Household (please print)	Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

Contact Name _____ E-mail Address _____ Phone _____

CITY OF CHARLOTTEVILLE TRAFFIC CALMING PETITION



To the residents of _____ [local street name] _____ in the City of Charlottesville.

This request was made by you or your neighbors and will be investigated by the Neighborhood Development Services Department. Fifty (50) percent of affected households must be in favor of this review before any data collection begins. (A formal ballot will be required prior to any implementation.)

On _____ [local street to be 'calmed'] _____ from _____ [street name] _____ to _____ [street name] _____.

Street Address of Affected Household	Representative of Affected Household (please print)	Signature
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		

Contact Name _____ E-mail Address _____ Phone _____