

Traffic Calming Application



Please use this form to request traffic calming for your street.

Note that neighborhood support is required prior to the data collection phase.

Contact Information

Name: _____

Phone: _____

Address: _____

Email: _____

Request Location

1. Please identify the location of your concerns. No more than two streets should be included on one application.

➤ **Intersection or Street Block/Blocks**

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Traffic Concerns

2. Where is your traffic concern located?

At an intersection

Between intersections

Both

3. Indicate and prioritize the issues you hope to address through traffic calming.

Most important ←————→ Less important

1

2

3

4

5

Vehicle speeds

1

2

3

4

5

Drivers not yielding to pedestrians

1

2

3

4

5

Traffic volumes or cut-through traffic

1

2

3

4

5

Crashes

1

2

3

4

5

Difficult to bike

1

2

3

4

5

Other (describe below)

4. What times of the day or days of the week do these problems occur?

5. What additional factors do you think should be considered in the evaluation? For example, any unique conditions or circumstances.

6. Other information regarding your concern. Please attach photos, sketches, or other supporting information about the problem.

**Submit completed application to Traffic.Calming@minneapolismn.gov
or mail to:**

Minneapolis Public Service Building
505 4th Ave S, Room 410 - Traffic Calming
Minneapolis, MN 55415

