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.

Name:					
► Intersection o			ore than two stre	ets should be mail	ided on one application.
Traffic Concerns 2. Where is your tra At an intersec		cated? O Between inters	ections	OBoth	
	oritize the issues	s you hope to addres	ss through traffic		
Most important —	2	3	4	Less important	Vehicle speeds
	2	3	4	5	Drivers not yielding to pedestrians
1	2	3	4	5	Traffic volumes or cut-through traffic
	2	3	4	5	Crashes
	2	3	4	5	Difficult to bike
	$\stackrel{2}{\bigcirc}$	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.				
Sub	emit completed application to Traffic.Calming@minneapolismn.gov or				