



Traffic Calming Request Form
City of Sanford Public Works Department

Date: _____

(Please print or type)

Name of Applicant: _____ Telephone Number: _____

Property Address: _____ Own
 Rent

Neighborhood Association Name: _____

Mailing Address: _____

(If different from property address) _____

In general, please describe your traffic related concern (please check all that apply):

- Speeding Pedestrian/Bicycle Safety Frequent Crashes/Collisions
- Cut Through Traffic Volumes Other/Additional Information (please explain)
- Time of day for concern: _____

Location – Intersection/Street (s):

Applicant's Signature

Return form to:
City of Sanford Public Works
P O Box 1788/300 N Park Avenue
Sanford, FL 32772-1788
Fax: 407.330.5601

(To be completed by City of Sanford Public Works

Department)

Commission District: _____ Project Assigned to: _____

Public Works Department Recommendation/Action: _____

