

Date: _____

File: _____

Traffic Calming Request Form

Please take a moment to answer the following questions. The answers to these questions will help us in our review of the situation.

1. Have you read our "Traffic Calming Policy" ?

Yes No

If not, please request a copy from Engineering Department staff.

2. Describe the concern you have which would warrant Traffic Calming:

3. Describe the location of the road/street that concerns you:

4. Does the problem occur during all seasons?

Yes No

5. If you answered "No" to question number 4, in which season(s) is the problem occurring?

Summer Winter
Spring Fall

6. Does the problem occur during specific times of the day?

Yes No

7. If you answered "Yes" to number 6, please specify the time(s)

8. Does the problem occur every day of the week?

Yes No

9. If you answered "No" to number 8, please specify the day(s)

Monday Tuesday
Wednesday Thursday
Friday Saturday
Sunday

10. Please give us your ideas for Traffic Calming at the location you are concerned about:

If you wish to be contacted by Municipal Staff, please fill out the following section:

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Thank you for taking the time to fill this form out. You will be hearing from us soon.

END OF SECTION

Mail to:
RMOW Engineering Dept
4325 Blackcomb Way
Whistler, BC V0N 1B4
or e-mail:
engineers@whistler.ca