



# City of San Clemente

## Engineering Division

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## Traffic and Transportation Service Request

### Services and Complaints

If you live in San Clemente and have a request, problem or comment concerning traffic or transportation please complete the information below.

Problem Type:	<input type="checkbox"/> Parking Issue	<input type="checkbox"/> Stop Sign	<input type="checkbox"/> Traffic Calming Program
	<input type="checkbox"/> Sight Obstruction	<input type="checkbox"/> Traffic Markings	<input type="checkbox"/> Traffic Signs
	<input type="checkbox"/> Speeding Issue	<input type="checkbox"/> Traffic/Pedestrian Signals	<input type="checkbox"/> Curb Marking Request
	<input type="checkbox"/> School Area Traffic	<input type="checkbox"/> Traffic Data (ADT, Speed Limits)	<input type="checkbox"/>
Date and Time:	<i>Please enter the date and time that the problem was noticed.</i>		
Location:	<i>Please enter the location of the traffic or transportation problem or complaint</i> Address: Street Name: Cross Streets:		
Additional Comments:	<i>Describe your concern, and add any details you think may help us resolve your question or complaint</i>		
Contact Information:	Name: Mailing Address: Phone/E-mail:		

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_