Petition for Neighborhood Traffic Calming Measures

The purpose of this form is to enable residents of San Clemente to request the initiation of a traffic assessment to determine potential eligibility for the City's traffic calming program.

ocation(s) of traffic-related issue:	(Street Name)	(from)	(to)
	(2010011,00010)	(110111)	(***)
Describe the traffic-related issues that con	cern residents in vour ne	ighborhood:	
bescribe the traffic-related issues that con	cern residents in your ne	agnoomood	
Weighborhood Representative:			

This petition must be signed by a minimum of ten supporting residents in the affected area. Only one signature from each household will be considered.

	Address	Printed Name	Signature	Phone Number/ Email Address	Owner or Renter
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.				_	

Please return completed form to:

City of San Clemente, Engineering Division 910 Calle Negocio, Suite 100, San Clemente, CA 92673