



TRAFFIC SAFETY COMMITTEE

REQUEST FOR REVIEW FORM

Please fill out this form in its entirety (feel free to attach photos or additional information) regarding the review of a traffic or pedestrian safety issue. Your request will be presented to the Traffic Safety Committee (TSC) for review and determination.

REQUESTOR CONTACT INFORMATION
NAME: _____
PHONE: _____
MAILING ADDRESS: _____
CITY/STATE/ZIP: _____
EMAIL ADDRESS: _____

CATEGORY
<input type="checkbox"/> LIGHTING
<input type="checkbox"/> PARKING
<input type="checkbox"/> PEDESTRIAN
<input type="checkbox"/> SIGHT OBSTRUCTIONS
<input type="checkbox"/> SIGNAGE
<input type="checkbox"/> SPEEDING
<input type="checkbox"/> TRAFFIC REVISIONS

LOCATION / SITUATION FOR REVIEW
ADDRESS/LOCATION: _____
DESCRIPTION OF ISSUE: _____

TRAFFIC SAFETY COMMITTEE

The Traffic Safety Committee meets every two months (February, April, June, August, October and December) of each year. The Committee is comprised of the Special Projects Manager (on behalf of the Mayor), a City Council member, Police, Public Works Director, City Engineer, Transportation Division Manager, and City Attorney, a group of highly diversified individuals who have the ability to review each request from several different viewpoints while keeping the communities best interests as their foremost goal.