

# Neighborhood Traffic and Pedestrian Safety Suggestion Form

Please fill out this form to report traffic concerns, speeding, or pedestrian safety hazards in your neighborhood. Print the completed form to submit it to your local neighborhood association or traffic safety office.

## Contact Information

Full Name:

Phone Number:

Email Address:

Home Address:

## Location of Safety Concern

Primary Street or Intersection (e.g., Maple St & 5th Ave):

Neighborhood Name:

## Traffic and Pedestrian Safety Details

Type of Issue (e.g., Speeding, Lack of Crosswalks, Poor Visibility, Missing Sidewalks):

Detailed Description of the Safety Hazard:

Specific Times of Day or Days of the Week the Issue is Most Severe:

## Proposed Solutions and Suggestions

What specific improvement do you suggest? (e.g., Speed bumps, Stop signs, Marked crosswalk, Reduced speed limit):

Additional Comments or Observations:

Date of Submission: