

Traffic Calming Request



Clareville
REAL • LIFE • POTENTIAL

To initiate a traffic calming assessment please complete the form and return to the Town of Clareville.

Applicant Name: _____

Mailing Address: _____

E-mail Address: _____

What roadway or location would you like reviewed?

Please select any of the following area that relate to the nature of your concern:

Residential area

School, playground or day care area

Recreational area

Please select any of the following traffic concerns related to traffic calming:

High speed in neighbourhood

Collision concerns

High volume of vehicle traffic

Cut-through traffic

Pedestrian safety

Inappropriate driver behaviour

When does the problem typically occur?

Morning rush hour

Weekdays

Mid-day

Weekends

Evening rush hour

Other (specify):

Late evening

Which season does the problem occur?

Summer

Spring

Fall

Winter

Please describe your concerns:

Signing below indicates your understanding that the Town of Clareville will assess the traffic calming request in accordance with the *Traffic Calming Policy*.

Applicant Signature: _____

Date: _____