



Traffic Calming Request

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

Applicant(s) Name: _____

Mailing Address: _____

Phone Number: _____

E-Mail Address: _____

1. What roadway or location would you like the Town to review?

2. Please select any of the following areas that relate to the nature of your concern:

- Residential Area
- Recreational Area
- School, playground, or day care area

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

- High speed in neighborhood
- High volume of vehicle traffic
- Pedestrian safety
- Collision concerns
- Cut-through traffic
- Inappropriate driver behaviors

4. When does the problem typically occur?

- Morning rush hour
- Mid-day
- Evening rush hour
- Late evening
- Weekdays
- Weekends
- Other (specify): _____

5. Which season does the problem occur?

- Summer
- Spring
- Fall
- Winter

6. 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: _____

Forms can be submitted electronically via email to publicworks@clareville.ca or mailed to:

Town of Clareville
99 Pleasant Street
Clareville, NL A5A 1V9