CITY OF SIMPSONVILLE
TRAFFIC CALMING REQUEST

LOCATION:
Subdivision: ___________________ Road Name: _____________________
If the road is longer than 0.5 miles, specify the section of the road requiring traffic calming: ______________________

APPLICANT: ______________________________________________________
Mailing Address: __________________________ City, State, Zip: ______________
Phone Number: ___________________________ E-mail Address: _______________

CITIZEN REPRESENTATIVE: __________________________________________
Mailing Address: __________________________ City, State, Zip: ______________
Phone Number: ___________________________ E-mail Address: _______________

Description of traffic problem(s): ______________________________________
____________________________________________________________________

Submittal Checklist*: □ Signature Page (  
*Staff reserves the right to request additional information and/or materials as necessary

I do hereby certify as the applicant that the information shown on this application and any attached forms and/or plans is correct.

_________________________  ___________________________  ___________
Signature                    Printed Name             Date

FOR CITY STAFF USE ONLY

Date Received: ______       By: _______________       Local Access Road (Y/N): _______
Study Area: __________________________          Comments: _______________________
                                                              _______________________
                                                              _______________________  
                                                              _______________________
                                                              _______________________

□ APPROVED  □ DENIED