Request for Action

Thank you for your interest in participation of the City’s Neighborhood Traffic Management Program. The City is committed to enhancing the safety and quality of life in San Luis Obispo’s neighborhoods. Please fill out all fields of this application and be as specific as possible when describing your traffic concerns. Upon receipt of your application, City’s Transportation staff will conduct initial traffic studies and prepare a customized Action Plan for your neighborhood based on the findings. For the status of this application contact the Public Works Department Transportation Division at 805. 781.7200.

Applicant: ____________________________  Phone: __________________
Address: ________________________________  Email: __________________

Location and time of Traffic Concerns:

Location(s):
1. Street_________ From: _______ To:__________ Days of Week: M W T W Th F Sa Su
2. Street_________ From: _______ To:__________ Days of Week: M W T W Th F Sa Su
3. Street_________ From: _______ To:__________ Days of Week: M W T W Th F Sa Su
4. Street_________ From: _______ To:__________ Days of Week: M W T W Th F Sa Su

Issue(s):
1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________
4. ______________________________________________________________________

Preferred Solution:
1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________
4. ______________________________________________________________________

Applicant Signature: ____________________________ Date: ____________

For Official Use Only:
Date Application Received: ____________ Received By: ________________ Case Number: ____________