## Traffic Safety Request Form

In accordance with the City of Sherwood's Municipal Code, citizens interested in requesting any action regarding traffic safety shall complete and submit this form to the Sherwood Traffic Safety Committee for review and consideration. Upon receipt of a completed form, city staff will review the proposed request and forward it to the committee for formal review. Contact with the applicants regarding the request will be included in the review process.

Completed forms shall be submitted to:

## Sherwood Traffic Safety Committee

 c/o Sherwood Police Department20495 SW Borchers Drive ■ Sherwood, OR 97140
policeinformation@sherwoodoregon.gov
Feel free to attach additional sheets containing pictures, maps, or additional text if the space provided is insufficient.

1. Requestor's Contact Information:

Name:
Address:
Phone Number: $\qquad$
Email: $\qquad$
Date form submitted: $\qquad$
2. Please identify the specific location/intersection of concern:
3. Please describe the nature of the traffic problem which concerns you:
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
4. Please describe what actions (if any) you feel would reduce your traffic concerns:
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
Please attach any photographs and/or diagrams that document the problem.

## City Use Only

Date Application Received: $\qquad$ Project \# Assigned: $\qquad$
$\square$ Added to spreadsheet.
Application Received By: $\qquad$

Date reviewed by City staff: $\qquad$

Date reviewed by TSC: $\qquad$
Final Determination on Request:Approved
Assigned to: $\qquad$ Date: $\qquad$

Approved with modifications.
Assigned to: $\qquad$ Date: $\qquad$

Denied
Reason for denial: $\qquad$

## $\square$ Requestor informed of outcome.

Date: $\qquad$
Notified by: $\qquad$

TSC Chair (printed name)
TSC Chair (signature)

Date: $\qquad$

