



Rochester Hills Neighborhood
Traffic Safety Program
Traffic Information Survey

Contact Name: James Maher
(THIS IS THE PERSON THE CITY WILL CONTACT FOR FOLLOW UP)

Today's Date 6-11-12

Address: 3082 Quail Ridge Circle, Rochester Hills M

Day Phone: 586 212 7898

Neighborhood _____

List names and phone number of the interested neighbors:

All Board Members, Joe Smythe, Matt Fox, Mike Raftis, Lillianna Klein, Maureen Pagnuco, John Myers, I will be happy to gather further names and contact information but I can assure you this is a concern of the majority of our neighbors based on emails and personal conversations.

Location(s) of Concern

Entire subdivision but specifically Quail Ridge Circle and Glengrove.

What specific concerns have you identified with the above location?

Excessive speeding and failure to stop and limited stop signs.

Please identify the specific days and/or time periods that the traffic problem takes place.
(FOR EXAMPLE: WEEKDAYS FROM 4:00 P.M. TO 6:00 P.M.)

All days, 7:30-9:00 AM, 4:30-8:00 PM

What solutions do you feel would address your concerns? (Check one or more)

- | | | | |
|-------------------------------------|-------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> | Brush Trimmings | <input checked="" type="checkbox"/> | Resident Speed Reduction Program |
| <input type="checkbox"/> | Signing | <input checked="" type="checkbox"/> | Neighborhood Traffic Safety Campaign |
| <input type="checkbox"/> | Pavement Markings | <input checked="" type="checkbox"/> | Speed Awareness Program |
| <input checked="" type="checkbox"/> | Enforcement | <input checked="" type="checkbox"/> | Other <u>Speed bumps/signage</u> |

Thank you for taking the time to fill out this Traffic Information Survey. Once we receive the form, you will be contacted by City staff to talk in more detail about the program.

FOR OFFICIAL USE ONLY

Date Received: _____ Project No: _____ Section: _____