



Rochester Hills Neighborhood
Traffic Safety Program
Traffic Information Survey

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

Today's Date _____

Address: _____

Day Phone: _____

Neighborhood _____

List names and phone number of the interested neighbors:

Location(s) of Concern

What specific concerns have you identified with the above location?

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.)

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

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

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: _____