CITY OF SOMERVILLE
TRAFFIC & PARKING DEPARTMENT

ALL PETITIONS ARE SUBJECT TO REVIEW AND APPROVAL!

TRAFFIC CALMING REQUEST FORM

Date of Petition:_____

Contact Person:_____Telephone Number:_____
Last Name, First Name, Middle Initial

In accordance with the Traffic Commission's ordinance on neighborhood traffic management and traffic calming, this is a petition to consider the installation of Traffic Calming devices on _____.
Name of Street

This petition must be approved by at least 33% or 9 residents of the households or apartments on the affected streets, whichever is lower, (as determined by the City Traffic Engineer), including corner households that intersect the affected streets. The Traffic Commission will not consider this petition unless this criterion is met. Only **one signature** is permitted per household. Attach additional sheets if necessary.

NAME	ADDRESS	APT#	PHONE#	EMAIL

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Traffic Commission: Approved / Denied Date:_____

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