



TRAFFIC CALMING PETITION

In order for the City of Revere Traffic Working Group and the Traffic Commission to consider your Traffic Calming Request please fill out this form completely. The form must be submitted to your Ward Councilor with 10 or more signatures from other residents on your street. Only one signature is permitted per household.

| 1. Name | Date | | | |
|--|-----------------------------------|------------------------------|--|--|
| Address: | | | | |
| Phone: | Email: | | | |
| Best way to be reached during the day is: phone / email (circle one) | | | | |
| 2. Please list the street(s)/ location that concerns you most: | | | | |
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| 3. What time of day do the concerns you have seem most noticeable? | | | | |
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| 4. Please check each item that app | olies to the street(s) listed abo | ve: | | |
| Speeding | Difficult to cross street | Lack of courtesy to cyclists | | |
| Cars parked too close to corne | rDifficult to bike | | | |
| Drivers not yielding to pedestr | ians | | | |
| Other (please describe): | | | | |
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NEIGHBORHOOD SUPPORT PETITION

| Name | Address | Email | Phone # |
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