

Adopted by Town Council on April 6, 2009
Effective Date: July 1, 2009

Town of Garner

Residents' Application to Request Traffic Calming Measures

Date: _____

Resident Liaison: _____ Telephone # _____

Address: _____

Specific Location of Traffic Concern: _____

Summary of Traffic Concern:

Does this neighborhood have a Home Owner's Association (HOA) or other similar neighborhood association? _____

HOA name: _____

HOA signature supporting this request: _____, President
print

signature date

Besides resident liaison above, other neighborhood residents supporting this request:

Signature:	Address:	Phone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Return to: Town of Garner Engineering Dept. P.O. Box 446 Garner, NC 27529

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**Town of Garner
 Traffic Calming Petition**

By signing this petition, I certify that I have read the cover page to this petition and that I am aware of the proposed traffic calming device(s) recommended for installation in or near my neighborhood.

NAME SIGNATURE ADDRESS	DATE	DO YOU AGREE TO THE TRAFFIC CALMING DEVICE(S) ALONG THE SPECIFIED STREET? (CHECK ONE BOX)		DO YOU AGREE TO THE PROPOSED TRAFFIC CALMING DEVICE(S) FRONTING YOUR RESIDENCE? (CHECK ONE BOX)	
		YES	NO	YES	NO
1 _____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 _____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 _____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 _____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 _____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 _____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 _____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>