

Request for Traffic Calming Study Form

Introduction:

The purpose of this form is to initiate a municipal traffic calming review. It must be completed by a resident (or neighborhood group member). This request will be processed according to procedures in the **SCRCOG Traffic Calming Resource Guide** available at the Town of Hamden's website, *www.hamden.com*. Please print clearly. If you have questions regarding this form, please contact the Help Desk at (203) – 287 – 7676.

1. Roadway Information:

Indicate the **name(s) of the street (s)** for which the study is being requested and the **limits of the study area** (i.e. *Brown Street from First Avenue to Second Road*).

a. Street Name(s): _____

Limits: From: _____ To: _____

b. Traffic Concern - describe the problem:

c. Description of desired improvement/traffic calming measure:

2. Resident Contact Information - a contact person **must** be indicated to process the request.

Name of Resident: _____

Neighborhood Group: _____

Address: _____

Daytime phone #: _____ E-mail: _____

I consent to be the contact person for this traffic calming study request. I understand that completing this form does not guarantee the requested measure will be installed as the Town of Hamden will need to consider its merit with respect to safety, costs, emergency access, maintenance and neighborhood acceptance, etc.

Signature: _____

Please attach any additional information/evidence to support the request and mail to:

Mayor's Office
2750 Dixwell Avenue
Hamden, CT 06518
fax: (203) 287-7101
email: help@hamden.com