



City of Greeley Neighborhood Traffic Calming Program

Neighborhood Traffic Calming Application

For information, call 350-9752

Please print

Date: _____

Neighborhood Representative: _____

Address: _____

Zip Code: _____

Phone: _____

Name of neighborhood group or homeowners' association *(if applicable)*:

1. Location of traffic problem, name of street(s) and /or intersections(s) affected:

2. Nature of concern: (please rank 1, 2, 3... with 1 being the most severe)

	Speeding		Parking
	Accident problem (please describe what you have observed)		Danger to pedestrians/bicyclists using street or sidewalk
	Traffic volume/cut-through traffic		Danger to pedestrians/bicyclists crossing street
	Traffic noise		School zone issues
	Difficulty leaving/entering your driveway		Other (please explain below)

Return Application to:
 Transportation Services
 Attn: Ryan Boothe
 1001 9th Ave.
 Greeley, CO 80631

3. Have you contacted the City before about your concerns? If yes, please explain: _____

4. What day(s) of the week and hour(s) does the problem appear to be the worst? _____

5. Please check any of the following characteristics of your neighborhood:
- frequent use by pedestrians/bicyclists
 - streets in major need of repair
 - narrow streets
 - pedestrian-oriented facilities
 - housing for elderly
 - parks
 - bike paths / routes
 - medical centers
 - shopping areas
 - schools-elementary
 - schools-middle
 - schools-high

Comments: _____

6. Does the neighborhood have sidewalks? _____ Bike lanes? _____
7. Are the street, sidewalks and bike lanes in good repair? (Y/N) _____

8. Describe who you feel is responsible for the problems in your area/ *be specific as possible*. For instance, does a certain kind of driver seem to be the main problem, such as neighborhood drivers, out-of-neighborhood drivers, construction traffic or big trucks? Or are pedestrians or bicyclists causing trouble? Do you have a *vehicle description and license plate* of the offenders(s)? If so, please list.

9. Who is affected? What neighborhood users are concerned (pedestrians, bicyclists, children, homeowners, etc)?

10. Other comments or concerns:

Please include a list of at least 5 neighbors who support your concerns, including their names, addresses, phone numbers and signatures. (Attach additional sheets, if Necessary.)

Name	Address	Phone	Signature