



City of Oakley NTMP Citizen Request Form

Name of Person Submitting Request form: _____

Date: _____

Phone Number: _____

Address: _____

1. Please indicate the type(s) of traffic-related concerns that are present in your neighborhood.

Speeding ____ Collisions ____ Non-compliance with stop signs ____

Excessive traffic volumes ____ Pedestrian/Bicycle safety ____

Please describe the concern below:

2. Please describe the limits of your neighborhood and location(s) on the given street(s) in which these traffic-related concerns occur.

3. Please list the time of day and whether the traffic-related concern primarily occurs during the week or weekend.

4. Please provide the names, signatures, and contact information for at least 10 residents and/or property owners 18 years and older (from separate households) who are requesting that this neighborhood be considered a Traffic Calming Project.

Printed Name

Signature

Address

Email

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____