

**Exhibit C. Neighborhood Petition Form for the Traffic Calming Program**

**Neighborhood Petition Form - Traffic Calming Program**

Contact Name: \_\_\_\_\_

Location of Concern: \_\_\_\_\_

Eight (8) neighbor signatures, one per household, are required prior to initiate the Traffic Calming Program in our neighborhood. If you agree that the issues stated in the Citizen Action Request Form exist on our residential street, please sign below with your address and phone number.

The Traffic Calming Program involves active participation of our community. The decision making process may require us to set and attend neighborhood meetings and conduct further petition campaigns.

Name	Address	Phone	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please make additional copies as needed.**