



Citizen Request Form
for the *Pedestrian Safety Program*

Contact Name: _____ Phone Number: _____

Email address: _____

Address: _____

Location(s) of pedestrian concern(s): _____

Category of location

_____ CROSSWALK

_____ TRAFFIC SIGNAL

_____ MID-BLOCK CROSSING

_____ OTHER

Description of pedestrian concern(s):

Thank you very much for taking the time to complete this form. Please mail or email this completed form to:

- Edmonds City Hall
Engineering Division
Attn: Mr. Bertrand Hauss
121 5th Ave. N
Edmonds, WA 98020
transportation@edmondswa.gov