CITY OF SONOMA
TRAFFIC HAZARD REPORTING FORM

Date _____

The purpose of this form is to enable residents of Sonoma to request the initiation of a traffic study to determine if a traffic-calming plan should be developed for a particular street or streets within a neighborhood. The form must be filled out in its entirety and returned to:

City of Sonoma
Attn: Traffic Safety Committee
#1 The Plaza
Sonoma, CA 95476

Please describe any traffic or safety issues that concern residents in your neighborhood. Use the backside of this sheet or attach additional sheets if necessary.

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Please describe the location of concern, as well as the limits of your neighborhood. Feel free to provide a sketch of any concerns on the backside of this sheet or on an additional sheet.

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Please provide the name and contact information for the main contact person for this effort.

_____

Signature **Printed Name** **Address** **Phone**

Please provide the names and signatures of residents who are likely impacted by the above concerns and who would like the neighborhood to be considered for a traffic calming treatment. Use an additional sheet of paper if necessary.

Signature **Printed Name** **Address** **Phone**

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Revision Date 4/15/2004