



CITY OF SONOMA TRAFFIC HAZARD REPORTING FORM

Date _____

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

Printed Name

Signature

Address

Phone / E-Mail

The purpose of this form is to enable residents of Sonoma to report a traffic hazard for a particular street or streets within a neighborhood. Once the Traffic Safety Subcommittee has received your report, they will meet to discuss and review your report and will send you a written response. The form must be filled out in its entirety and returned to:

City of Sonoma / Attn: Traffic Safety Subcommittee / No. 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.

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

Please provide the names and signatures of residents who are likely impacted by the above concerns and who support this request. Use an additional sheet of paper if necessary.

Signature

Printed Name

Address

Phone / E-Mail
