

## APPLICATION FOR NEIGHBORHOOD TRAFFIC CALMING

1. Describe the area where traffic calming is requested.

STREET NAME

FROM (Cross Street or Address)

TO (Cross Street or Address)

2. Please provide a **summary of neighborhood traffic concerns** in this area. Feel free to attach additional sheets or provide any other information that you feel may be useful in describing the problem (photos, sketches, etc.)

### 3. PRIMARY CONTACT INFORMATION

Name

Address

Home Phone

Work Phone

Fax

E-Mail

4. **NEIGHBORHOOD SUPPORT:** Provide names, addresses and phone numbers of neighbors who support this application.

5. Include Application Fee: \$100.00

Return Application to  
SEBASTOPOL POLICE DEPARTMENT  
6850 Laguna Park Way  
Sebastopol, CA 95472  
Phone 829-4400

