Neighborhood Traffic Calming Program
Applicant Petition

We the undersigned residents of _____ between _____ and _____ request the City of Grand Rapids Traffic Safety Department provide traffic calming solutions for the traffic problem(s) described in the attached application. *(Only one signature per household is necessary)*

Please check the box next to your name if you would like to serve on a sub-committee to help determine your street's traffic calming solution.

	NAME (printed)	ADDRESS	SIGNATURE
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Prepared by the City of Grand Rapids
Traffic Safety Department