NTMP Affected Neighborhood Survey

Problem Description:

Daytime Telephone:_____

Evening Telephone:_____

**Must be a two lane street with residential or mixed use for at least 75% of the fronting properties.*

Date:_____

Petitioner Name:_____

Petitioner Mailing Address:_____

Location of Problem:_____

For intersections, list both streets. For roads, indicate name and problem limits. e.g. Long Ave.

By signing the survey below, you are indicating that you believe that the problem identified above is unacceptable and that you support implementing a mitigation measure to resolve the problem. This survey does not recommend a specific mitigation measure, or even ensure that a mitigation measure will be implemented. The Neighborhood Traffic Management Process (NTMP) will be used to determine what, if any, mitigation measures will be implemented. Signing this is survey does not imply that you will be obligated to fund any portion of the project.

Name (Printed)	Signature	Address	Phone Number

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