To: City Traffic Engineer
500 Castro Street
P.O. Box 7540
Mountain View, CA 94039-7540

CITY OF MOUNTAIN VIEW PUBLIC WORKS DEPARTMENT
PETITION FOR NEIGHBORHOOD TRAFFIC MANAGEMENT PROGRAM

Date Submitted: _____

The undersigned residents of properties bordering on: _____,
between the intersections of _____ and _____,
hereby request assistance with traffic-related concerns, such as excessive speed and volume on local residential streets.

NAME	ADDRESS (Include Apartment #)	Signature

Petition submitted by:

Name: _____ Phone: _____

E-mail: _____

Address: _____