Sample Traffic Calming Application

Applicant Information

First Name*

Please enter a first name as it is found on your government issued ID.

John

Last Name*

Please enter a last name as it is found on your government issued ID.

Smith

Address*

Please specify the applicant's address.

150 Mary Street

Town/City*

Please enter a town or city for the mailing address.

Milton

Province*

Please select a province for the mailing address.

Ontario ▼

Postal Code*

Please enter a postal code for the mailing address. example: A1A 1A1

L9T 6Z5

Phone Number*

Please enter a valid phone number with 10 digits. ###-###-####

905-878-7252

Phone Type*

Please choose a type of phone number.

Home ▼

Email*

Please enter a valid email.

john.smith@milton.ca

Traffic Calming Details

In which season is traffic speeding an issue? (Select all that apply)*

- [x] Winter
- [x] Spring
- [x] Summer
- [x] Fall

When is traffic speeding an issue? (Select all that apply)*

- [x] Weekdays
- [x] Weekends

What time of day is traffic speeding an issue? (Select all that apply)*

- [x] Early morning
- [x] Morning rush hour
- [x] Midday
- [x] Afternoon rush hour
- [x] Late evening

What is the area/zone of your traffic speeding concern? (Select all that apply)*

- [x] Community centre
- [x] Community safety zone
- [x] Hamlet/village
- [x] Park
- [x] Road with limited visibility
- [x] School zone
- [x] Subdivision
- [x] Unsure

What is the main traffic speeding concern?*

Type Reason.....

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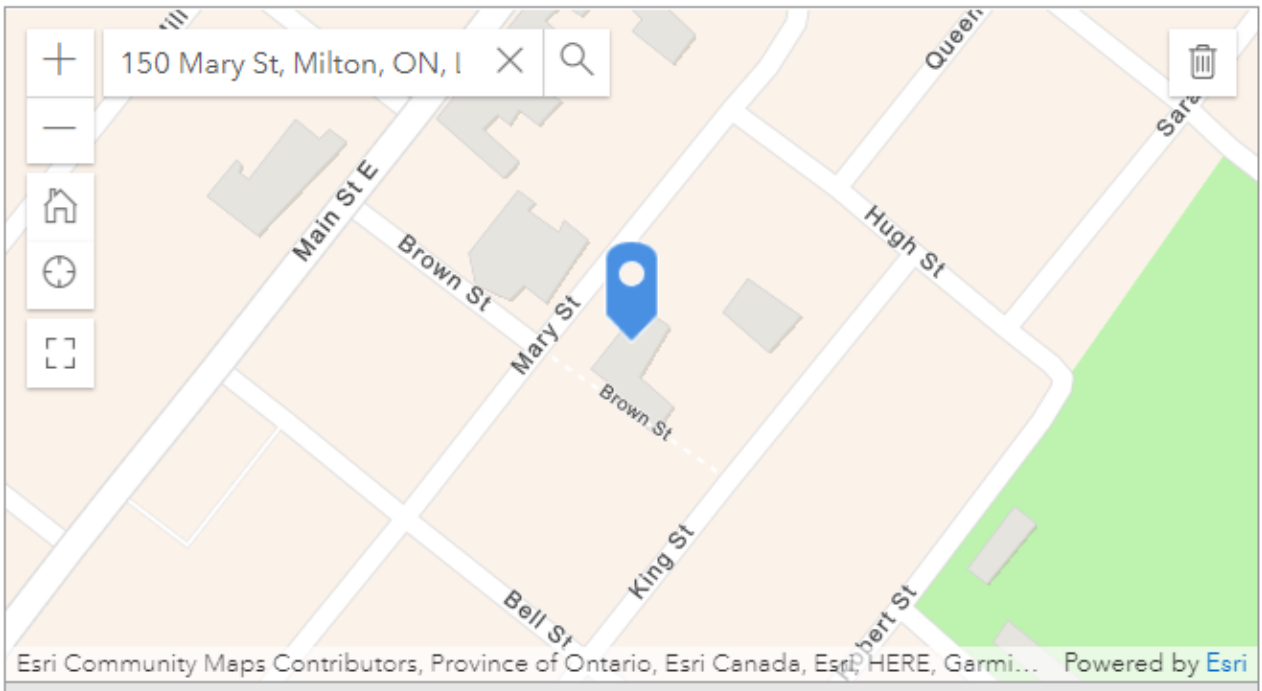
Please indicate a location of traffic speeding on the map below.*

Find a location in the Search Box or zoom in to an area on the map and click an area on the map. The blue marker will indicate the location of your submission.



Lat: 43.51062 Lon: -79.88388

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Declaration

Signature (This constitutes your electronic signature)*

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