

Traffic Calming Request/Problem Report
Warminster Township Traffic Safety Committee

Name: _____ Today's Date: _____
Address: _____ Daytime Phone: _____
Alternate Contact Number: _____ Home Work Wireless
Email Address _____

Location of Concern: _____

What is/are your specific concern(s)? (Check one or more)

- Safety Vehicular Speed Traffic Volume Other

Please briefly describe your traffic safety concern and any observations:

Has this concern previously been presented to the Traffic Safety Committee? _____

If yes, approximate date(s) _____

Please forward this completed form to the Township Administration office. Your issue will be placed on the agenda to be heard at a Traffic Safety Committee meeting. Forms must be received at least one week prior to a scheduled Traffic Safety meeting, and you must attend the appointed meeting in order to have your issue discussed. Please call the Administrative Office at 215-443-5414 if you have any questions.

FOR OFFICIAL USE ONLY

Date received: _____ Tracking Number: _____

Field investigation: _____

Accidents: _____

Date(s) neighborhood contacted: _____

Traffic study date(s): _____

Solutions discussed/implemented (include dates): _____

