

Appendix A

Request for Speed Management Measures

Where are you requesting speed management measures for (be as specific as possible with road name and limits)?

Which of the following applies to you?

- | | |
|---|---|
| <input type="checkbox"/> I live on this street. | <input type="checkbox"/> I work on this street. |
| <input type="checkbox"/> My kids go to school on this street. | <input type="checkbox"/> I live nearby and use this street frequently for commuting, cycling, or walking. |
| <input type="checkbox"/> Other (please specify): _____ | |
-

Is there a specific time of day when speeding is an issue?

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Noon |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Overnight | <input type="checkbox"/> All day |

Are there any other traffic issues concerning you about the street in question?

- | | |
|--|--|
| <input type="checkbox"/> Vehicle volumes | <input type="checkbox"/> Cut-through traffic |
| <input type="checkbox"/> Pedestrian and cyclist safety | <input type="checkbox"/> Collisions |
| <input type="checkbox"/> Other (please specify): _____ | |
-

Name: _____ Date: _____

Email: _____ Phone: _____

Preferred method of contact (check one): Email Phone

Would you like to share any other comments? _____

