



Traffic Calming Measures Application for Installation City Of Conway



Traffic Calming Committee (TCC) Membership:

Chairperson: _____
 Name Address Email Date

Member: _____
 Name Address

Member: _____
 Name Address

Member: _____
 Name Address

Member: _____
 Name Address

Location and Description of Traffic Issue(s)/Concern(s): _____

Section below to be completed by Traffic Engineer

Area of Influence (no. of residences) _____	Traffic Count _____ vehicles/day	85 th Percentile Speed _____ mph
85 th Percentile Speed >5 mph above Posted Limit ___ Yes ___ No		>10 mph above Posted Limit ___ Yes ___ No
Eligible for Traffic Calming ___ Yes ___ No	City funding ___ Yes ___ No	Funds available ___ Yes ___ No
Traffic Calming Plan (description) _____ _____		

Section to be completed by TCC (to be completed after receipt of Traffic Calming Plan/AOI Map)

Signatures of 2/3 residences in Area of Influence ___ Yes ___ No	[Submit petition w/ name and address of one individual per residence shown on AOI Map]
Chief of Police signature _____	Fire Chief signature _____