



Date: _____

City of Berkeley
Neighborhood Request for Traffic Calming Study

We, the residents of _____ [block], would like the City of Berkeley's Public Works Transportation Division to initiate a Traffic Calming Study in our neighborhood to address the following concern(s):

- Speeding
- Pedestrian Safety
- Cut-Through Traffic
- Commercial Vehicle Restriction
- Bicycle Safety
- Parking Issues
- Other (Please Specify)

The specific location encompasses _____ [street], between _____ [street] and _____ [street].

- Please provide a brief explanation of the need for traffic calming and any supporting observations:

- Please provide the name and contact information of the resident representing the consensus of your neighborhood on this matter:

Name: _____

Address: _____

Telephone: _____ email: _____

Please submit the completed form to:

Transportation Division
Traffic Engineering Unit
Attn: Traffic Calming Request
1947 Center Street, 4th Floor Berkeley, CA 94704
transportation@berkeleyca.gov