



Date: _____

City of Berkeley

Neighborhood Request for Traffic Calming Study

We, the residents of _____, would like the City of Berkeley's Public Works (PW) 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 (s) encompasses _____, between _____ and _____.

➤ Brief explanation of the reasons for 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 No.: _____ email: _____

Please submit the completed form to:

Traffic Calming Program

City of Berkeley, PW-Transportation
1947 Center Street, 4th Floor, Berkeley, 94704, California