



**CITY OF PORT ST. LUCIE
PUBLIC WORKS DEPARTMENT**

TRAFFIC CALMING REQUEST FORM

Name: _____

Address: _____

Street for Review (From/To): _____

Day Phone No.: _____ Email Address: _____

Identify yourself: Homeowner Developer City Staff

If a homeowner, do you belong to a neighborhood association? Yes No

If yes, which one? _____

Are you willing to be the "Point of Contact" regarding this Traffic Calming request in your neighborhood?

Yes No*

*If no, please revise information section of form with someone willing to be the point of contact.

Please check any issues that apply to your street:

- | | |
|---|--|
| <input type="checkbox"/> Speed of automobile traffic | <input type="checkbox"/> Cut-through traffic |
| <input type="checkbox"/> Volume of automobile traffic | <input type="checkbox"/> High pedestrian volume |
| <input type="checkbox"/> Number of accidents | <input type="checkbox"/> Lack of amenities (sidewalks, crosswalks, etc.) |

Please elaborate on the specific problems on your street or in your neighborhood:

Once completed, please send your completed request form AND petition sheet(s) to:

**City of Port St. Lucie Public Works
121 SW Port St. Lucie Blvd, Building B
Port St. Lucie, FL 34984**

