

CITY OF PORT ST. LUCIE PUBLIC WORKS DEPARTMENT

TRAFFIC CALMING REQUEST FORM

Name:						
Identify yourself:	☐ Homeowner	☐ Developer	☐ City Staff			
If a homeowner, do	you belong to a neighbor	rhood 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, pleas	e revise information sect	ion of form with someone	willing to be the point of	contact.		
Please check any is	sues that apply to your s	treet:				
☐ Speed of autom	obile traffic	☐ Cut-through	☐ Cut-through traffic			
☐ Volume of automobile traffic		☐ High pedes	☐ High pedestrian volume			
☐ Number of accidents		☐ Lack of ame	menities (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



TRAFFIC CALMING REQUEST PETITION FORM

Name (Print)	Address	Phone Number	Signature

^{*}Any signatures other than the property owner(s) or designee do not qualify. Renters residing with the proposed limits need to obtain written authorization from the Property owner(s) giving them permission to sign the petition on their behalf.

^{**}By signing this petition, you acknowledge that the physical location for traffic calming measures will be determined by the City Engineer and/or Public Works staff and that public input will be accepted but will not dictate final placement in regards o the location of proposed traffic calming measures.**