



**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**



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 solely by the City Engineer and/or Public Works staff and that no public input will be accepted in regards to the location of proposed traffic calming measures.