



**City of Melbourne
Engineering Department**

**Request for Residential Traffic Calming
City of Melbourne**

Name: _____

Subdivision: _____

Address: _____

Day phone #: _____ E-mail address: _____

Do you belong to a neighborhood association, or are you aware of one in your area? _____

If yes, which one? _____

Are you interested in participating in a Traffic Calming committee in your neighborhood? _____

May we contact you about this information when we begin to put a Committee together for your area? _____

Please check the following that applies to issues on your street:

Speed of automobiles _____

Volume of automobiles _____

Number of accidents _____

Cut through traffic _____

High pedestrian volume necessitates traffic calming _____

Lack of amenities (sidewalks, crosswalks, and bike lanes) _____

Please tell us about the specific problems on your street, or in your neighborhood:

Please mail your completed request to:
City of Melbourne, Engineering Department
900 E. Strawbridge Ave.
Melbourne, FL 32958