



Date: \_\_\_\_\_

This request is being made to the Town to study traffic speeds and volumes for the Traffic Calming Program on:

\_\_\_\_\_  
*Street Name*

In accordance with the Town's procedures stated within the ***Town of Castle Rock Neighborhood Traffic Calming Program***, a minimum of 5 signatures, in addition to the point of contact, are required from homeowners along the affected street to demonstrate support for this request. By signing this petition, you are showing support for the potential installation of traffic calming treatments on this street, and possibly others within the neighborhood.

Signing this petition does not mean devices will be installed. Eligibility requirements as listed in the above referenced document must be met prior to any treatment installations. For a clear understanding of the full procedures, please see the Town's program document that can be found on the Town's website: [www.crgov.com](http://www.crgov.com).

One person must agree to be the Neighborhood Point of Contact. This person will be responsible for conveying information between the Town and the residents. The designated Point of Contact is: \_\_\_\_\_

\_\_\_\_\_  
Please include street address, phone number and email address for the Point of Contact.

**ONLY ONE SIGNATURE PER ADDRESS**

Name (Please Print)

Address

Phone #

Signature

1.			
2.			
3.			
4.			
5.			

