



## Neighborhood Traffic Management Request Form

REQUESTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

We the undersigned, representing ten homeowners on the street identified below request the City to evaluate this street for eligibility for speed cushions. Depending on the outcome of the evaluation, we may want to pursue speed cushions on our street. However, our signatures on this form do not commit us to support speed cushions at any time in the future.

Please submit a separate form for each street you are concerned about.

Only one signature per household

Street Segment: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

	PROPERTY OWNER	ADDRESS	PHONE OR EMAIL	SIGNATURE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

After completing this form, please mail to City of Goodyear, Attn: Hugh Bigalk, PO Box 5100, Goodyear, AZ, 85338 or email to [Hugh.Bigalk@goodyearaz.gov](mailto:Hugh.Bigalk@goodyearaz.gov). Once we receive the form, we will perform a preliminary evaluation and schedule a traffic study if the street is eligible for speed cushions. The Neighborhood Traffic Management Program Policy and Procedures can be downloaded at [www.goodyearaz.gov](http://www.goodyearaz.gov).