

**THE City of New London
DEPARTMENT OF TRANSPORTATION**

**New London, CT 06320
REQUEST FOR REMOVAL OF A TRAFFIC
CALMING MEASURE**

INTRODUCTION

The following is a request for the removal of a traffic calming measure(s). The request will be processed according to procedures in the *City of New London Traffic Calming Policies and Guidelines*. Please complete both Part A and Part B.

A. STREET INFORMATION

Please provide the name(s) of the street(s) on which the traffic calming measure is located.

Street Name (s): _____

From: _____

To: _____

Description/Type of
Measure: _____

B. CONTACT PERSON INFORMATION

Each request must provide a contact person who lives on the (or one of the) requested street segments within the study area or is a Neighborhood Alliance representative. The contact person will receive all relevant correspondence and be responsible for gathering evidence of support when requested.

Name of Representative:

Neighborhood Alliance:

Address:

Zip Code

Phone #:

I agree to be the contact person for the above request

Signature:

Evidence of support attached?

Does the Neighborhood Alliance concur with this application: