

APPEAL OF TRAFFIC COUNCIL DECISION
CITY OF NEWTON TRAFFIC COUNCIL, ROOM 105
1000 COMMONWEALTH AVENUE
NEWTON CENTRE, MA 02459

This form shall be completed by residents or a City Councilor who wish to appeal a Traffic Council decision. This form must be completed and filed with the City Clerk within twenty (20) calendar days of the Traffic Council vote. Requirements for signatures in the matter of appeals are described in Sec.19-33 and 19-34 of the Revised Ordinances of the City of Newton, 2007, as amended by Ordinance Z-12. The Appellant and other parties who may in the Council's judgment be substantially affected by such petition will be notified with the first date the petition will be discussed by the City Council. Note: There are additional appeal requirements for Resident Only Permit Areas; see Sec. 19-201 of the City of Newton Ordinances. If you have further questions, please call the Clerk of the City Council's Office at (617)796-1210.

Complete both sides and submit to the Clerk of the City Council's Office (PLEASE PRINT):

APPELLANT'S NAME: _____ SIGNATURE: _____
ADDRESS: _____ Unit # _____
TELEPHONE (DAY): _____ (EVENING): _____

PETITION #: TC - _____

REASON FOR APPEAL:

REQUIRED SIGNATURES (Please Print)

◆ Appeals for intersectional controls/regulations (traffic signals, stop signs, no turn on red, etc.) require a total of six (6) signatures (including appellant's) from owners or tenants whose building or lot of land is located within five-hundred (500) feet of the affected intersection (one signature per household or business).

◆ Appeals for parking restrictions, truck exclusions, speed limits, and all other traffic regulations must be signed by one (1) owner or tenant of at least half of the residential, commercial and/or non-profit units which abut the affected street or way, provided that in no event shall more than ten (10) signatures (including appellant's) be required (one signature per household or business).

NAME: _____ SIGNATURE: _____
ADDRESS: _____ UNIT# _____
TELEPHONE (DAY): _____ (EVENING): _____

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ADDRESS: _____ UNIT# _____
TELEPHONE (DAY): _____ (EVENING): _____

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ADDRESS: _____ UNIT# _____
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