REQUEST FOR TRAFFIC IMPROVEMENT OR CHANGE

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

The Traffic Council is administered through the Clerk of the City Council's Office. The Petitioner 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 Traffic Council. NOTE: There are additional petition 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	ne City Council Office (PLEASE TYPE or PRINT):
PETITIONER'S NAME:	SIGNATURE:
ADDRESS:	Unit #
	(EVENING):
1. Identify the location, briefly describ	be the nature of the problem and the request.
2. Draw a simple diagram or attach a	map that shows the subject street(s) and conditions.
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3. Obtain required signatures on reverse side of this form.

01/02/08 Revised: 01/01/16

REQUIRED SIGNATURES (Please Print)

- ◆Petitions for intersectional controls/regulations (traffic signals, stop signs, no turn on red, etc.) require a total of <u>six (6) signatures (including petitioner's)</u> from owners or tenants whose building or lot of land is located within five-hundred (500) feet of the affected intersection (<u>one signature per household or business</u>).
- •Petitions for parking restrictions, truck exclusions, speed limits, and all other traffic regulations must be signed by one (1) owner or tenant of <u>at least half</u> of the residential, commercial and/or non-profit units which abut the affected street or way, provided that in <u>no event shall more than ten (10) signatures (including petitioner's)</u> be required (<u>one signature per household or business</u>).

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