

TRAFFIC CALMING MEASURE REQUEST FORM

Application Date:		
Requesting traffic calming measure: implementation removal		
Description of Location and Reason for Request:		
Provide sketch on reverse.		
REQUESTED BY		
Name:		
Address:		
Contact phone:	Email:	
OFFICE USE ONLY		
	Date:	
OFFICE L Staff Review: Approved/ Bylaw:	Date:	

Please email this form to soliver@zorra.ca or mail/drop off the form to the Township of Zorra. PO Box 306 274620 27th Line, RR3, Ingersoll, ON N5C 3J6



<u>SKETCH</u>		

Please also attach a photo of the related site to soliver@zorra.ca when submitting.