

CITIZEN TRAFFIC REQUEST FORM

This request form will be reviewed for appropriate action. Return this completed form and attachments to:

Public Works Operations & Maintenance Engineering Services Division – Traffic Section 450 Civic Center Plaza, 2nd Floor Richmond, CA 94804

REQUESTOR'S INFORMATION:		
Name:		Date:
Mailing Address:		
City:	State:	Zip:
Email:		Daytime Phone:
Please select from the followin	g options (check only ONE):	
* The \$420 00 fe	e is a non-refundable and does not guara	ntee approval or installation
	-	
☐ Four-Way Stop☐ Two-Way Stop	☐ Traffic Signal Issue☐ Traffic Calming	Color Curb* (\$420.00 Fee) Red Green White
☐ Crosswalk	☐ Other:	
ISSUE DESCRIPTION:		
Road Segment or Intersection L	ocation:	
Request Details:		
DISABLED PARKING REQUEST:		
Name of Disabled Person:		
Handicap Vehicle Registration T	ag No:	Expiration Date:
	g: (1) Copy of the disabled person's California ocumentation from California DMV, and (3) F	
	For Office Use Only	

Request Received: ☐ In Person ☐ Mail ☐ Email Received By: _

Assigned to: _