

Department of Planning &
Community Development
CITY OF CRAWFORDSVILLE

Public Requests for the Traffic, Parking & Safety Committee of the City Council

Petition No. _____

Petitioner: _____ Phone No. _____

Address: _____

Action Requested: (please check one or any of the following)

- _____ Warning or Caution Signage
- _____ One Way Designation
- _____ Stop Sign(s)
- _____ Speed Limit Change
- _____ No Parking Designation
- _____ Loading Zone Designation
- _____ Handicapped Parking Designation
- _____ Street Lighting Installation
- _____ Other: *please specify* _____
- _____ Removal of any of the above: *note which one* _____

Address or Detailed Location where action is sought:

Identify the nearest street intersection: _____

Current State: _____ Proposed Action: _____

Reason for Request:

Petitioner/Agent

Date

FOR OFFICE USE ONLY

Date Received: _____

Materials Attached: _____ Signed Petitions _____ Maps _____ Other: _____

Zoning District: _____

Mtg. Date: _____