Traffic Calming Application

Primary Contact Information

Name	*Email Address*	*Phone Number*
Street Address		*Zip Code*

Specify the Location and Concerns

The City of Spartanburg will evaluate the need for traffic calming on a street by street basis; a separate application must be submitted for any adjacent streets. Please define your street:

_____ from _____ to _____

Your Street *Cross Street* *Cross Street*

Please provide detailed information about concerns on your street:

_____

_____

_____

_____

_____

_____

_____ _____

Signature Date

Return the completed application to: Community Services Department
City Hall -145 West Broad Street Room 103
Mailing address: PO Box 1749 Spartanburg SC 29304
Email to: khill@cityofspartanburg.org
864.596.2052 - Office
864.562.4119 - Fax