

TRAFFIC CALMING MEASURE REQUEST FORM

Application Date:	
Requesting traffic calming measure: <input type="checkbox"/> implementation <input type="checkbox"/> removal	
Description of Location:	
<i>Provide sketch on reverse.</i>	
REQUESTED BY	
Name:	
Address:	
Contact phone:	Email:

OFFICE USE ONLY	
Staff Review:	Date:
Approved/ Bylaw:	

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

SKETCH

