



# ARTERIAL SPEED LIMIT SURVEY Comment Form

Please use this form to record any comments you have for possible changes to the arterial speed limit of interest to you. Please identify the appropriate street segment that you are referring to. If you wish to receive any follow-up information, please include your name, address, and phone number.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Arterial Street Segment:** \_\_\_\_\_

**Mark which option best describes your overall support for a speed limit change to this street segment:**

Raise speed limit no more than 5 mph

Maintain existing speed limit

Lower speed limit no more than 5 mph

No opinion

**General Comments:** \_\_\_\_\_

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Please return this comment card to: City of Shoreline; c/o Traffic Services; 17544 Midvale Ave N, Suite 100; Shoreline, WA 98133

For more information, contact Robert Wood, Traffic Engineering Technician, at (206) 546-5795, or [rwood@ci.shoreline.wa.us](mailto:rwood@ci.shoreline.wa.us).