



## Neighborhood Traffic Safety Program Citizen Action Request Form

Contact Name: \_\_\_\_\_ Day phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Location of concern (street limits): \_\_\_\_\_

Neighborhood (i.e. Briarcrest, Echo Lake, etc.) \_\_\_\_\_

What concerns have you identified with the above location? Certain times of the day?

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In your opinion, what is the cause of the problem?

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Thank you for taking the time to complete the Citizen Action Request Form. Please send the completed form to:

City of Shoreline  
c/o Traffic Services  
17544 Midvale Avenue N  
Shoreline, WA 98133-4921  
FAX: (206) 546-2726

Once we receive the form, a representative of Traffic Services will investigate your street and contact you. If you have questions or comments, please call Traffic Services at (206) 546-5795.

### **FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Service Request No. \_\_\_\_\_

Field Review \_\_\_\_\_

Possible Issues: \_\_\_\_\_

Accidents       Speeds       Volume       Cut-through

Candidate for NTSP?       Yes       No

If no, what existing program best fits this issue? \_\_\_\_\_