Citizen Action Request Form  
For the Neighborhood Traffic Control Program

Contact Name _________________________ Day Phone ______________
Address ______________________________ Zip Code _______________
Email ________________________________________________________
Concerned Location ____________________________________________
Neighborhood _________________________________________________

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

What solutions do you feel would address your concerns? (Check all that apply)

Educational Measures
☐ Traffic Safety Campaign
☐ Radar Speed Trailer
☐ Tube Speed Study
☐ Volunteer Radar Patrol

Other Measures
☐ Brush Trimming
☐ Signing
☐ Rumble Strips
☐ Painted Legends
☐ Enforcement

Thank you for taking the time to fill out the Citizen Action Request form.
Once we receive the form, we will schedule a traffic study of the area.

FOR OFFICE USE ONLY

Date Received ___________________ Project Number Assigned ________________
Field Review :
________________________________________________________________
☐ Accidents ☐ Speeds ☐ Maps ☐ Police
NEP Area __________________________ Proposed Improvement Plan sent to Contact Person __________________
Comments:
City of Lakewood
Police Department
9401 Lakewood Dr SW
Lakewood, WA 98499