

## REQUEST FOR TRAFFIC / PEDESTRIAN CONTROL MEASURES

DATE		NAME		
ADDRESS				
PHONE		EMAIL		
	·			
LOCATION	/ STREET NAME	i		
ISSUE / CONCERN				
PROPOSED SOLUTION				
JUSTIFICATION FOR REQUEST				
Image or Diagram of location attached: YES ☐ NO ☐				
□ We ha	ve obtained a pet ed. ve considered oth	ition from	ne following when evaluating a local residents in support ative solutions for the issue	of this application -

	We / local residents have funding available to help finance the implementation of
	this control measure.
	Identified issue / concern is not a problem of enforcement.
	Identified location of issue has seen a change in traffic / pedestrian patterns
	during the past five years. Please explain:
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	We have traffic count, speed data or pictures / videos in support of your
	application (included).
NAME	E (please print):
SIGN	ATURE: DATE:
Send	completed form to township@wellington-north.com or mail to Township of
	gton North, 7490 Sideroad 7 W, PO Box 125, Kenilworth, ON N0G 2E0

Personal information collected by the Township of Wellington North under the authority of the Municipal Act is for the purpose of administrating the Township's Traffic Pedestrian Control Measures Policy. Any questions can be directed to the Director of Legislative Services/Clerk at 519-848-3620 ext. 4227