

**City of Des Moines  
Transportation Services Division**

**Traffic Calming Interest Form**

Complete these forms to be considered for neighborhood traffic calming device installation. Collect as many nearby resident signatures as possible to show neighborhood support for traffic calming measures. After receiving this form, the Transportation Services Division will research your request (speed studies, accident histories, etc.). Requests are scored in a competitive process. Scoring is based on traffic speed, traffic volume, pedestrian volume, accident history, and community interest. If your street is selected in the process you will be required to obtain 60% petition approval from residents within 400 ft. of the proposed calming device(s). This interest form is valid for two years from the date of submittal. Contact Brandon Carver at (206) 870-6543 if you need further information.

**Primary Roadway:** \_\_\_\_\_

**Extents:** From \_\_\_\_\_ to \_\_\_\_\_

**Neighborhood Contact Person Information:**

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

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Complaint:** (provide a brief explanation of the problem – speeding, cut-through traffic, etc. Please describe the problem only – do not suggest improvements.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please copy and attach form(s) (reverse side) with nearby resident signatures.

Return completed forms to the Public Works Building: 21650 11<sup>th</sup> Avenue South, Des Moines, WA 98198.

This form is to confirm resident support for the potential installation of a traffic calming device on \_\_\_\_\_ (street name). All submitted projects are scored through a competitive process. If this project is selected for further consideration, residents within 400 feet of the proposed devices will be asked to sign a petition approving the final design as set forth by the City of Des Moines Engineering Department. Contact Rohini Nair at (206) 870-6592 if you have questions or need additional information.

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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