



CITIZEN TRAFFIC REQUEST FORM

This request form will be reviewed for appropriate action. Return this completed form and attachments to:

**Public Works Operations & Maintenance
Engineering Services Division – Traffic Section
450 Civic Center Plaza, 2nd Floor
Richmond, CA 94804**

REQUESTOR'S INFORMATION:

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Daytime Phone: _____

Please select from the following options (check only ONE):

**** The \$420.00 fee is a non-refundable and does not guarantee approval or installation***

Four-Way Stop

Two-Way Stop

Crosswalk

Traffic Signal Issue

Traffic Calming

Other: _____

Color Curb* (\$420.00 Fee)

Red Green White

ISSUE DESCRIPTION:

Road Segment or Intersection Location: _____

Request Details: _____

DISABLED PARKING REQUEST:

Name of Disabled Person: _____

Handicap Vehicle Registration Tag No: _____ Expiration Date: _____

***Submit the following: (1) Copy of the disabled person's California Driver's License or California ID,
(2) All related documentation from California DMV, and (3) Proof of Property Ownership***

For Office Use Only

Request Received: In Person Mail Email Received By: _____

Assigned to: _____