Speed Hump Requested Study

Neighborhood:_____

Street(s):_____

Concern(s):_____

Specific Location of Concern(s):_____

Other information:_____

Requester

Name:_____ Date:_____
(Individual or Association)

Mailing address:_____

Day Phone: (___)_____ Evening Phone (___)_____

Concurring Residents*

Name	**Street Address**	**Signature**	**Date**

*By signing this Request to Study Form, you are stating that you live adjacent to the road in question and concur with the concern(s) documented above, thus requesting the City of Gainesville to evaluate this location in the City of Gainesville's Neighborhood Traffic Program.

VERIFICATION STATEMENT

There are a total of _____ properties adjacent to _____ between _____ and _____. There are _____ valid signatures on the speed hump petition which represent _____ percent of the properties adjacent to the street within the section mentioned above. I verify that the signatures on the speed hump petition are valid and only one signature per household/business has been considered in the above mentioned percentage.

Date:

_____
Signature of Contact

Name:
Address: