

# Traffic Evaluation Request



**southburlington**  
VERMONT

Please use this form to request a traffic evaluation for your street.

## Contact Information

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

Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

## Request Location

1. Please identify the location of your concerns.

➤ **Street Name or Intersection and/or Block Description**

\_\_\_\_\_

➤ **Street Name or Intersection and/or Block Description**

\_\_\_\_\_

## Traffic Concerns

2. Where is your traffic concern located?

At an intersection

Between intersections

Both

3. Indicate and prioritize the issues you hope to address through traffic calming.

Most important ←————→ Less important

1

2

3

4

5

Vehicle speeds

1

2

3

4

5

Drivers not yielding to pedestrians

1

2

3

4

5

Traffic volumes or cut-through traffic

1

2

3

4

5

Crashes

1

2

3

4

5

Difficult to bike

1

2

3

4

5

Other (describe below)

\_\_\_\_\_

4. What times of the day or days of the week do these problems occur?

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5. What additional factors do you think should be considered in the evaluation? For example, any unique conditions or circumstances.

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6. Other information regarding your concern. Please attach photos, sketches, or other supporting information about the problem.

**Submit completed application to [dpw@southburlingtonvt.gov](mailto:dpw@southburlingtonvt.gov) or mail to:**

City of South Burlington Public Works  
104 Landfill Road  
South Burlington, VT 05403



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