

Appendix 4 - Application for Traffic Calming



APPLICATION FOR TRAFFIC CALMING

Please provide the name of the street to be considered (Requested Street). Indicate the boundaries of the street segment by identifying intersecting streets (From and To). Consideration will be given for only that described. Complete additional applications for other street segments.

| Street Study Information | |
|---------------------------------|--|
| Requested Street: | |
| From: | |
| To: | |

Each request must provide a contact person who lives on the requested street within the study area boundary. The contact person will receive all correspondence and be responsible for gathering evidence of support when requested.

| Contact Person Information | | |
|-----------------------------------|---------------------|--------------|
| Name: | | |
| Address: | Phone Number | |
| | Home: | Work: |
| Email Address: | Cell: | |

I understand this request will be processed according to the procedures detailed in the Residential Subdivision Traffic Calming Policy and Procedure. I agree to be the contact person for the above request.

Signature of Applicant: _____ **Date:** _____

Remit to: City of Bartlesville, Engineering Department, 401 South Johnstone Ave., Bartlesville, OK 74003

Appendix 5 - Application for Removal of Traffic Calming



APPLICATION FOR REMOVAL OF TRAFFIC CALMING

Please provide the name of the street to be considered (Requested Street). Indicate the boundaries of the street segment by identifying intersecting streets (From and To). Consideration will be given for only that described. Complete additional applications for other street segments.

| Street Study Information | |
|---------------------------------|--|
| Requested Street: | |
| From: | |
| To: | |

Each request must provide a contact person who lives on the requested street within the study area boundary. The contact person will receive all correspondence and be responsible for gathering evidence of support when requested.

| Contact Person Information | | |
|-----------------------------------|---------------------|--------------|
| Name: | | |
| Address: | Phone Number | |
| | Home: | Work: |
| Email Address: | Cell: | |

I understand this request will be processed according to the procedures detailed in the Residential Subdivision Traffic Calming Policy and Procedure. I agree to be the contact person for the above request.

Signature of Applicant: _____ **Date:** _____

Remit to: City of Bartlesville, Engineering Department, 401 South Johnstone Ave., Bartlesville, OK 74003

Appendix 6 - Verification Statement



VERIFICATION STATEMENT
Speed Hump Petition

There are a total of _____ properties adjacent to _____
between _____ and _____.

There are _____ valid signatures on the speed hump petition, which represent _____% of
the properties adjacent to the street within the aforementioned section.

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 percentage.

Signature of Contact Person: _____ **Date:** _____

| Contact Person Information | | |
|-----------------------------------|---------------------|--------------|
| Name: | | |
| Address: | Phone Number | |
| | Home: | Work: |
| Email Address: | Cell: | |

Remit to: City of Bartlesville, Engineering Department, 401 South Johnstone Ave., Bartlesville, OK 74003

Appendix 7 - Endorsement Statement



ENDORSEMENT STATEMENT

Speed Hump Petition

In a meeting held on the _____ day of _____, _____, the
_____ Homeowners Association approved and endorsed the Traffic Calming
project on: _____ from _____
to _____.

The association acknowledges that because of installation of Traffic Calming Devices up to and including speed humps on the above-mentioned street, there may be an increase in traffic on nearby streets.

The contact person has confirmed that signatures on the Traffic Calming petition are valid and represent 70 percent of the households/businesses adjacent to the street within the section mentioned above.

| | Neighborhood Association Officer Printed Name | Neighborhood Association Officer Signature | Date |
|----------|--|---|-------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

Appendix 8 - Petition for Traffic Calming



PETITION FORM

Page _____ of _____.

Petition to modify the traffic flow on _____ between _____ and _____.

BEFORE YOU SIGN THIS PETITION, KNOW WHAT YOU ARE SIGNING! IT IS RECOMMENDED THAT YOU FIRST READ THE CITY'S RESIDENTIAL SUBDIVISION TRAFFIC CALMING POLICY AND PROCEDURE GUIDELINE. Note: The street mentioned above will be considered for a traffic calming device installation only if the signatures below represent **70 percent or more** of all households adjacent to the street. Only one signature from each household will be considered. All persons signing this petition do hereby certify that they reside within the area impacted by the traffic calming device.

| Address | Name (Please Print) | Signature | Whether Owner or Renter | Phone Number | | Ok if Installed in Front of My Residence (Please Initial) |
|---------|---------------------|-----------|-------------------------|--------------|------|---|
| | | | | Home | Work | |
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