

CITY OF GLENDORA

APPLICATION TO REQUEST SAFE STREET PROJECT

Please use this form to highlight safety concerns which the City of Glendora's Transportation Division will review with the Traffic Safety Advisory Committee (TSAC) to determine eligibility and appropriate treatments as warranted.

Are you av	vare of the City of Glendora's Safe	Street Ordinance and	d Policy?
O Yes	O No		
If "No," pl	ease review. Staff will provide by requ	est; please email <u>tran</u>	sportation@cityofglendora.org
act as the fa	•	dents and City of Gler	g considered. The Street Representative will adora staff. Street Representative duties will bessary signatures from residents.
	action of a Safe Street project will only street's property owners in favor of S		he receipt of a petition from 67% or more or ents.
Street Rep	resentative:		
First Name	:	Last Name:_	
Phone Nun	nber: Email A	Address:	
Street Addı	ress:		
Requesting	consideration for the following street	segment ¹ :	(Street name)
			(Street name)
between	(Street address or intersection)	and	(Street address or intersection)
Please sele	ct your street safety concern(s) fron	n the following option	ns:
☐ Speeding	g motorists		
☐ Excessiv	ve traffic		
☐ Vulneral	ple population present (e.g. children, s	seniors, or persons wit	h disabilities)
Have you s	spoke to your neighbors regarding t	the concern(s) indicat	ted above?
O Yes	O No		
Please prov correspond		rs regarding the issue((s) listed above (e.g. texts, emails, or writter

¹ Must be a local street; local streets are designed to provide direct access to individual properties not served by arterial and collector roadways. Local streets DO NOT INCLUDE arterial and collector streets such as Route 66, Foothill Blvd., or Grand Ave. For the full definition of a local street, please see page 4 of <u>Glendora's Circulation Element</u>.

PETITION FOR POSSIBLE SAFE STREET PROJECT

ONLY ONE SIGNATURE ALLOWED FOR EACH ADDRESS

Name (Please Print)	Street Address	Phone #	Approve/ Disapprove/ No Contact	Signature	Date