City of North Richland Hills Traffic Calming Action Request Form

We, the undersigned, believe our neighborhood traffic situation warrants consideration in the City's Traffic Calming Program. The following signatures represent residents from at least four (4) different addresses in the neighborhood. We have read the policy and understand that Tier I measures will be tried prior to the use of, or discussion of, Tier II measures, and that if Tier II items are permanently installed, the residents of the neighborhood will be responsible for a portion of the installation costs.

Signature	Address	Phone (Day)
1		
Contact Name:	Ph	none (Day):
Email Address:		
Street Address:	Da	ate:
Location of Concern (Att	ach Map):	
What concern do you ha	ve at this location?	
	m, please return it along with a map illu rintendent/Streets, 7200A Dick Fishe 30.	
If you have any question	s, please call (817) 427-6460.	