

# Traffic Calming Application

**Please use this form to request traffic calming.**

Note that neighborhood support is required prior to the data collection phase.

## Contact Information

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

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

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

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

## Request Location

**1.** Please identify the location of your concerns. No more than one location per application.

> **Intersection or Street Block**

\_\_\_\_\_

## 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 [Traffic.Calming@minneapolismn.gov](mailto:Traffic.Calming@minneapolismn.gov) or

mail to: Traffic & Parking Services  
Attn: Traffic Calming  
300 Border Ave N  
Minneapolis, MN 55405

