

REQUEST FOR CHANGE of TRAFFIC CONTROL CONDITIONS

Primary point of contact: _____ Today's date: _____

Name: _____ Address _____ Day phone: (____)____ - _____

Additional Contacts Address Day phone

1. _____

2. _____

3. _____

What is the location(s) of the change you propose and the reason for your request?
(Attach additional pages if necessary.)

Type of traffic condition change requested (e.g. parking, STOP sign, direction of flow, etc.):

Please return the completed request form to:

City of Murray Street Department
ATTN: Street Superintendent
200 Andrus Drive
Murray, Kentucky 42071

Phone: (270) 762-0336 Fax (270)762-0379

For Office Use Only

Reference number: _____ Date Application Received _____

Date Preliminary Analysis Completed: _____ Date Solution Proposed: _____

Solution is Approved: ___ Unanimously ___ By Consensus. Variance is required for Solution: _____

Public Safety Committee Decision and Date: Approved _____ Denied _____