

**CITY OF GULFPORT  
TRAFFIC CALMING PROGRAM  
PROJECT APPLICATION FORM:**

Street Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Local Address: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have an active Homeowner Association?  Yes  No

If you answered yes, you must have the endorsement of the Homeowner Association

Homeowner Association Endorsement contact \_\_\_\_\_

How many households did you identify in your study request area? \_\_\_\_\_

Have you received the minimum required (51%) signatures on your study request form?  Yes  No

Describe the location of your traffic problem. Include the worst problem area and the effects of the problem. Include street names and any other pertinent information that will assist us in the understanding the problem

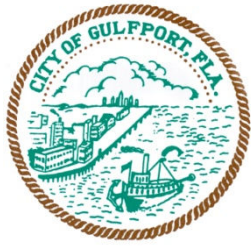
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place a check mark next to all that apply. Include a brief description to help us better understand your problem.

- Speeding \_\_\_\_\_
  - Traffic Volume \_\_\_\_\_
  - Accidents \_\_\_\_\_
  - Pedestrian Dangers \_\_\_\_\_
  - Difficulty leaving/entering driveways or street \_\_\_\_\_
  - Parking on the street \_\_\_\_\_
  - Traffic Noise \_\_\_\_\_
  - School Traffic \_\_\_\_\_
  - Lack of Amenities (sidewalks, crosswalks, bike lanes) \_\_\_\_\_
  - Other \_\_\_\_\_
- \_\_\_\_\_

Please return the completed application form along with the attached signed study request forms to:

The City of Gulfport  
2041 53<sup>rd</sup> Street South  
Gulfport, Florida 33707  
Telephone: 727-893-1089



## CITY OF GULFPORT TRAFFIC CALMNG PROGRAM STUDY REQUEST FORM

Street Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Please list signatures from residents in the Project Area. Project Area means property abutting the subject street. One signature per household. Fifty-One percent (51%) of the residents must sign.

DATE	NAME (Please Print)	ADDRESS	SIGNATURE