

APPLICATION FORM

Contact Name _____

Day Phone _____

Neighborhood _____

Today's Date _____

Local Address _____

Which neighborhood street(s) are of concern? _____

What traffic problems have you identified affecting the above street(s)? _____

How many property owners did you identify in your petition area? _____

Have you received the minimum required (greater than 60%) signatures on your petition form? Yes No

What signature percentage have you received? _____%

Please return the completed application form along with the signed petition forms to:

Bay County Traffic Engineering Division
840 West 11th Street
Panama City, Florida 32401 Telephone (850) 248-8740

For Official Use Only

Project Number _____ Date Application Received _____

Date Preliminary Analysis Completed _____ Identified Problems: Exist Perceived

Date of Final Analysis Completed _____

Date of Project Presentation to County Manager _____

County Manager Action: Favorable Unfavorable

Date of Project Implementation: _____

Project Review Date _____ Project Successful: Yes No