



CITY USE ONLY	
Request Number	
Neighbourhood	
Receiving Date	
Application Fee	
Receipt No:	

# APPLICATION FOR TRAFFIC CALMING REVIEW REQUEST FORM

I/We hereby request the City of St. Albert to initiate a review of my neighbourhood for consideration of inclusion in the City's Traffic Calming Program.

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

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

Applicant Phone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Neighbourhood Requesting Traffic Calming: \_\_\_\_\_

List roadways of specific concern:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Is your neighbourhood concern regarding any of the following conditions? (Select all that apply)

- Vehicles short-cutting through neighbourhood
- Excessive volumes
- Excessive speeding
- Pedestrian and/or cyclist safety

Supportive signatures from neighbourhood (a minimum of three is required):

	Co-Applicant Name	Address and Phone Number	Signature
1			
2			
3			

Applicant Signature: \_\_\_\_\_

**Mail/Drop Off:**  
 City of St. Albert  
 Planning & Engineering, 2nd Floor  
 5 St. Anne Street, St. Albert, AB  
 T8N 3Z9  
 Attn: Traffic Calming  
 Email: dschick@stalbert.ca

**Collection and use of personal information**  
 The personal information being collected on this form is for the purposes of processing and acting upon this application in accordance with the Municipal Government Act, and is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. The City will not share your personal information for purposes outside of those stated without your permission in writing, unless there is a specific exemption stated in the Municipal Government Act.