

REQUEST FOR SPEED HUMPS



NAME Mr. Ms.	DATE			
ADDRESS	SUBDIVISION (IF APPLICABLE)			
CITY	STATE SC	ZIP CODE		
PHONE	EMAIL			

ROAD(S) REQUESTED FOR TRAFFIC STUDY	FOR OFFICE USE ONLY								
EVALUATE DURING SCHOOL (SEPTEMBER – MAY)	DIST	RD ID	LEN	PSL	ADT	85th	DNQ	SpO	FQ
1)									
2)									
3)									
4)									

NEIGHBOORHOOD TRAFFIC CONCERNS: (Continue on back if necessary. If possible, include a street address where you believe the highest volume & speed can be recorded.)



