

APPLICATION FOR TRAFFIC SAFETY IMPROVEMENT

(Use a separate form for each area of concern. Please print or type.)

TO: Town of Clay
4401 State Route 31
Clay, New York 13041

Date: _____

FROM: _____
(Name)

(Address)

(Zip)

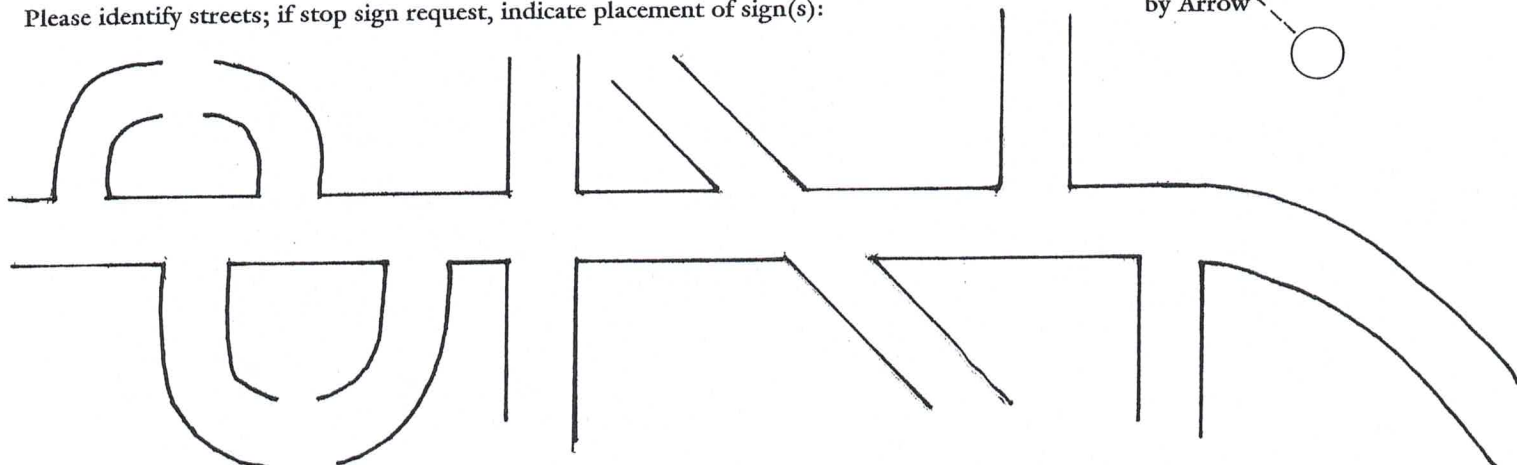
(Telephone)

SUBJECT: _____
(Location)

State type of improvement, hazard, need, etc. below:

Please identify streets; if stop sign request, indicate placement of sign(s):

Indicate North
by Arrow



Describe existing traffic control _____

THE TOWN BOARD REQUIRES AREA/COMMUNITY SUPPORT FOR YOUR SUGGESTED CHANGE. PLEASE INCLUDE A PETITION/SURVEY OF AFFECTED NEIGHBORS. THIS WILL BE MEANINGFUL IN THE BOARD'S DECISION.

AREA SURVEY:	North	South	East	West
No. of residences	___	___	___	___
No. of young children	___	___	___	___
Parks or Green Areas nearby (yes) (no) How far? _____ ft.				
Churches or schools nearby (yes) (no) How far? _____ ft.				

Please answer all items for prompt consideration. Use reverse side for additional information or sketches.

