



TC-\_\_\_\_\_-\_\_\_\_\_

**REQUEST FOR TRAFFIC CONTROL INVESTIGATION/IMPROVEMENT**

TODAY'S DATE: \_\_\_\_\_ DATE PROBLEM NOTED: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ TIME OF DAY: \_\_\_\_\_ AM/PM

ADDRESS: \_\_\_\_\_ CONTRIBUTING FACTORS: [CHECK ONE]:

- Weather
- Hedges/Trees
- Others \_\_\_\_\_
- Road Surface Condition
- Street Lighting

TELEPHONE: (H) \_\_\_\_\_

(W) \_\_\_\_\_

LOCATION OF PROBLEM: \_\_\_\_\_

REQUEST: \_\_\_\_\_

REASON REQUESTED \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

*Thank you for completing this informational form. Your input is an important part of analyzing the above described problem. City Staff will review your request and conduct the necessary investigations. Please use the back of this form for a sketch or diagram as appropriate.*

*Please return to:* Attn: Jeff Randall  
Public Works Department  
City of West Linn  
4100 Norfolk Street  
West Linn, OR 97068

*Phone: (503) 742-6091  
e-mail: jrandall@westlinnoregon.gov*