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REQUEST FOR TRAFFIC CONTROL INVESTIGATION/IMPROVEMENT

TODAY'S DATE: Febru	uary 8, 2024	DATE PROBLEM NOT	TED: _January 8, 2024
APPLICANT'S NAME.		TIME OF DAY: 5pm	AM/PM
ADDRESS.		CONTRIBUTING FACTORS: [CHECK ONE):	
TELEPHONE: (H		O Weather O Hedges/Trees (0) Others Traffic Safety	(0) Road Surface Condition(0) Street Lighting
(W)			
LOCATION OF PROBLE	EM: Intersection of Summit St and Oxford	Street	<u> </u>
REQUEST: Include a b	olind turn sign on the north and south side	e of the intersection. Inc	lude a mirror on the north side
of the intersection so	that you can see oncoming traffic comin	g from the south side.	
REASON REQUESTED	It's a blind turn. People heading south a	are at risk of turning infro	ont of oncoming traffic without
	It's 2 blocks from an elementary school		
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ADDITIONAL COMME	NTS. Thank you for considering this chan	ige.	
ADDITIONAL COMME.	V15	_	
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described problem.	oleting this informational form. You City Staff will review your request a m for a sketch or diagram as appropi	nd conduct the necess	
Please return to:	Attn: Jeff Randall Public Works Department	Phone: (503) 742- e-mail: irandall@	6091 westlinnoregon.gov

City of West Linn 4100 Norfolk Street West Linn, OR 97068