



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 ☐ Road Surface Condition
☐ Hedges/Trees ☐ Street Lighting
☐ Others _____

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: Public Works Department
City of West Linn
4100 Norfolk Street
West Linn, OR 97068

Phone: (503) 656-6081
e-mail: streets@westlinnoregon.gov