



**TC- 26 - 04**

## REQUEST FOR TRAFFIC CONTROL INVESTIGATION/IMPROVEMENT

TODAY'S DATE: 2-17-26 DATE PROBLEM NOTED: 11-17-25  
APPLICANT'S NAME: [REDACTED] TIME OF DAY: 8:15am AM/PM  
ADDRESS: [REDACTED] CONTRIBUTING FACTORS: (CHECK ONE):  
☐ Weather ☐ Road Surface Condition  
☐ Hedges/Trees ☐ Street Lighting  
TELEPHONE: (H) [REDACTED] ( ) Others [REDACTED]  
(W) [REDACTED]

LOCATION OF PROBLEM: West A & Skyline intersection

REQUEST: Traffic review during high-traffic times (8:00am-8:35am)

REASON REQUESTED Many close-calls on pedestrians crossing Skyline from school parking lot toward the school.

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*