



# Speed Cushion Application

Traffic Operations Division

Speed Cushion Program

## Final Canvassing for Support

The following is a request form for speed cushions (please feel free to submit this form as a formal request). Each request must contain the completed information as indicated in sections A, B and C. The request will be processed in accordance with the provisions of the Speed Cushion Policy.

### A. Street Study Information

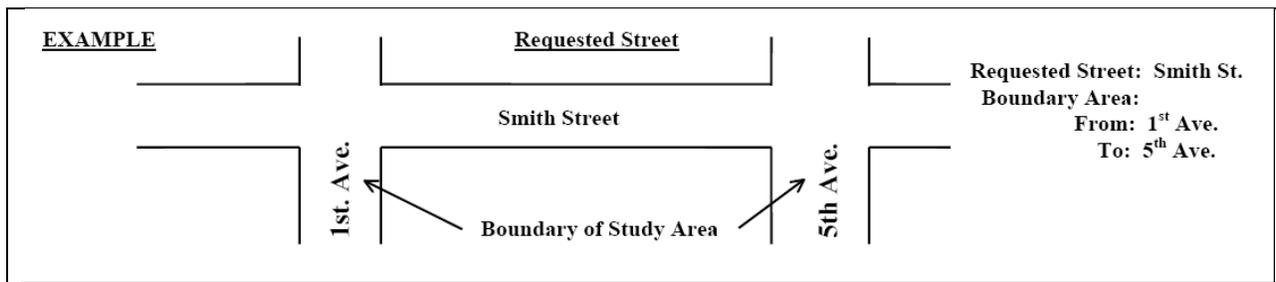
The City of Pharr is conducting a survey to determine the level of support for speed cushion installation on the street adjacent to your address. One of the speed cushions and sign may be located next to your residence; therefore, we are asking for your comments.

As per the Speed Cushion Installation Policy, we are seeking to determine if a minimum of 67% of the households on the street support the installation of speed cushions. Please indicate your preference on the appropriate space below.

Each request must provide the name of the street on which a study is requested, and the boundaries of the street segment. Traffic studies will be conducted only within the boundaries indicated. Please use street names for boundary limits, not block ranges.

Requested Street: \_\_\_\_\_

Boundary Area: From: \_\_\_\_\_ To: \_\_\_\_\_



**B. Evidence of Support**

Please check only ONE (1) box. Checking both boxes will be assumed as opposition to speed cushion on your street.

**\*\* Please Note that your opposition to speed humps/cushions does not apply to the installation of an advance speed cushion warning sign at your residence.**

*Printed Name*                      *Daytime Phone* *Address*                      *For*   *Against*                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                               \_\_\_\_\_

*Printed Name*                      *Daytime Phone* *Address*                      *For*   *Against*                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                               \_\_\_\_\_

*Printed Name*                      *Daytime Phone* *Address*                      *For*   *Against*                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                               \_\_\_\_\_

*Printed Name*                      *Daytime Phone* *Address*                      *For*   *Against*                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                               \_\_\_\_\_

*Printed Name*                      *Daytime Phone* *Address*                      *For*   *Against*                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                               \_\_\_\_\_

*Printed Name*                      *Daytime Phone* *Address*                      *For*   *Against*                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                               \_\_\_\_\_

*Printed Name*                      *Daytime Phone* *Address*                      *For*   *Against*                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                               \_\_\_\_\_

*Printed Name*                      *Daytime Phone* *Address*                      *For*   *Against*                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                               \_\_\_\_\_

*Printed Name*                      *Daytime Phone* *Address*                      *For*   *Against*                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                               \_\_\_\_\_

*Printed Name*                      *Daytime Phone* *Address*                      *For*   *Against*                      *Signature*  
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*Printed Name*                      *Daytime Phone* *Address*                      ***For*** ***Against***                      *Signature*  
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*Printed Name*                      *Daytime Phone* *Address*                      ***For*** ***Against***                      *Signature*  
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*Printed Name*                      *Daytime Phone* *Address*                      ***For*** ***Against***                      *Signature*  
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*Printed Name*                      *Daytime Phone* *Address*                      ***For*** ***Against***                      *Signature*  
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*Printed Name*                      *Daytime Phone* *Address*                      ***For*** ***Against***                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                                                  \_\_\_\_\_

*Printed Name*                      *Daytime Phone* *Address*                      ***For*** ***Against***                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                                                  \_\_\_\_\_

*Printed Name*                      *Daytime Phone* *Address*                      ***For*** ***Against***                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                                                  \_\_\_\_\_

*Printed Name*                      *Daytime Phone* *Address*                      ***For*** ***Against***                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                                                  \_\_\_\_\_

*Printed Name*                      *Daytime Phone* *Address*                      ***For*** ***Against***                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                                                  \_\_\_\_\_

*Printed Name*                      *Daytime Phone* *Address*                      ***For*** ***Against***                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                                                  \_\_\_\_\_

*Printed Name*                      *Daytime Phone* *Address*                      ***For*** ***Against***                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                                                  \_\_\_\_\_

*Printed Name*                      *Daytime Phone* *Address*                      ***For*** ***Against***                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                                                  \_\_\_\_\_

*Printed Name*                      *Daytime Phone* *Address*                      ***For*** ***Against***                      *Signature*  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                                                                  \_\_\_\_\_

<i>Printed Name</i>	<i>Daytime Phone</i>	<i>Address</i>	<b><i>For</i></b>	<b><i>Against</i></b>	<i>Signature</i>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Printed Name</i>	<i>Daytime Phone</i>	<i>Address</i>	<b><i>For</i></b>	<b><i>Against</i></b>	<i>Signature</i>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Printed Name</i>	<i>Daytime Phone</i>	<i>Address</i>	<b><i>For</i></b>	<b><i>Against</i></b>	<i>Signature</i>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Printed Name</i>	<i>Daytime Phone</i>	<i>Address</i>	<b><i>For</i></b>	<b><i>Against</i></b>	<i>Signature</i>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Printed Name</i>	<i>Daytime Phone</i>	<i>Address</i>	<b><i>For</i></b>	<b><i>Against</i></b>	<i>Signature</i>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Printed Name</i>	<i>Daytime Phone</i>	<i>Address</i>	<b><i>For</i></b>	<b><i>Against</i></b>	<i>Signature</i>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Printed Name</i>	<i>Daytime Phone</i>	<i>Address</i>	<b><i>For</i></b>	<b><i>Against</i></b>	<i>Signature</i>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Printed Name</i>	<i>Daytime Phone</i>	<i>Address</i>			<i>Signature</i>
_____	_____	_____			_____

**C. Contact Person Information**

Each request must provide a contact person who lives on the requested street within the study area boundary. Please provide the name, address, and telephone number of the duly authorized representative of the neighborhood/group. The contact person will receive all correspondence and will be responsible for gathering evidence of support when requested.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Pharr, Texas 78577**

**Phone #:** \_\_\_\_\_

I agree to be the contact person for the above request, and I understand that a request may not automatically be withdrawn from consideration once a study determines the street to be eligible for speed cushions.

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

