Request for Speed Cushion Investigation

Traffic Operations Division

City of Pharr

Speed Cushion Program

801 East Sam Houston Blvd.

Pharr, Texas 78577

Request for Speed Cushion Investigation

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.
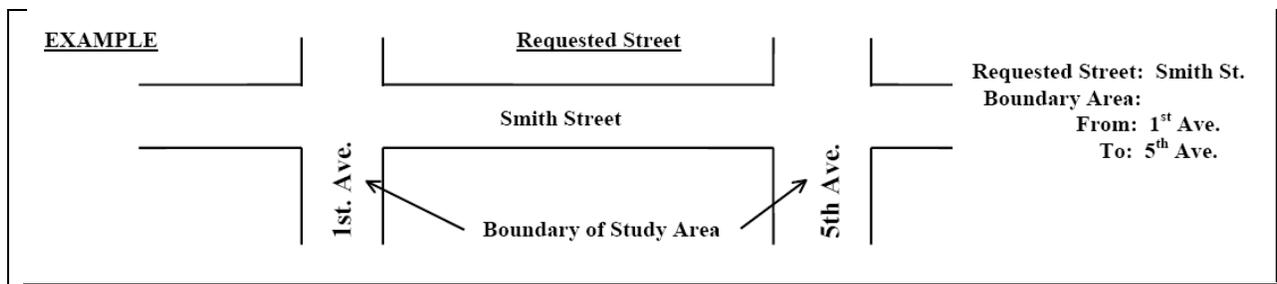
A. Street Study Information

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: _____

EXAMPLE

Requested Street

Smith Street

1st. Ave.

5th Ave.

Boundary of Study Area

Requested Street: Smith St.
Boundary Area:
From: 1st Ave.
To: 5th Ave.

B. *Evidence of Neighborhood Support*

Please provide evidence of neighborhood support for participation in the program. The attached form can be used for this request. Evidence of support must be within the study area as identified in Section A.

We the undersigned owners and residents of _____hereby offer our support for our neighborhood's participation in the Speed Cushion Program.

Please secure at least ten signatures representing ten different households from residents whose property abuts the street segment in question.

_____	_____	_____	☐	☐	_____
Printed Name	*Daytime Phone*	*Address*	*Owner*	*Resident*	*Signature*
_____	_____	_____	☐	☐	_____
Printed Name	*Daytime Phone*	*Address*	*Owner*	*Resident*	*Signature*
_____	_____	_____	☐	☐	_____
Printed Name	*Daytime Phone*	*Address*	*Owner*	*Resident*	*Signature*
_____	_____	_____	☐	☐	_____
Printed Name	*Daytime Phone*	*Address*	*Owner*	*Resident*	*Signature*
_____	_____	_____	☐	☐	_____
Printed Name	*Daytime Phone*	*Address*	*Owner*	*Resident*	*Signature*
_____	_____	_____	☐	☐	_____
Printed Name	*Daytime Phone*	*Address*	*Owner*	*Resident*	*Signature*
_____	_____	_____	☐	☐	_____
Printed Name	*Daytime Phone*	*Address*	*Owner*	*Resident*	*Signature*
_____	_____	_____	☐	☐	_____
Printed Name	*Daytime Phone*	*Address*	*Owner*	*Resident*	*Signature*
_____	_____	_____	☐	☐	_____
Printed Name	*Daytime Phone*	*Address*	*Owner*	*Resident*	*Signature*

_____ _____ _____   ☐   ☐ _____

Printed Name   *Daytime Phone* *Address*   *Owner Resident*   *Signature*

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 association. 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*

Final Canvassing Form for Speed Cushions

Traffic Operations Division

City of Pharr

Speed Cushion Program

801 East Sam Houston Blvd.

Pharr, Texas 78577

Final Canvassing for Support

Street: _____

Boundary Area: (from): _____ (to): _____

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. <u>One of the speed cushions and sign may be located next to your residence; therefore, we are asking for your comments.</u> Speed cushions are an effective and appropriate treatment for safely reducing speeds on certain types of streets when installed according to the Speed Cushion Installation Policy.

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.

A. 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   Owner Resident   Signature

_____ _____ _____ ☐ ☐ _____

Printed Name   Daytime Phone Address   Owner Resident   Signature

_____ _____ _____ ☐ ☐ _____

Printed Name   *Daytime Phone*   *Address*   *Owner Resident*   *Signature*

☐   ☐   _____

_____   _____   _____

Printed Name   *Daytime Phone*   *Address*   *Owner Resident*   *Signature*

☐   ☐   _____

_____   _____   _____

Printed Name   *Daytime Phone*   *Address*   *Owner Resident*   *Signature*

☐   ☐   _____

_____   _____   _____

Printed Name   *Daytime Phone*   *Address*   *Owner Resident*   *Signature*

☐   ☐   _____

_____   _____   _____

Printed Name   *Daytime Phone*   *Address*   *Owner Resident*   *Signature*

☐   ☐   _____

_____   _____   _____

Printed Name   *Daytime Phone*   *Address*   *Owner Resident*   *Signature*

☐   ☐   _____

_____   _____   _____

Printed Name   *Daytime Phone*   *Address*   *Owner Resident*   *Signature*

☐   ☐   _____

_____   _____   _____

Printed Name   *Daytime Phone*   *Address*   *Owner Resident*   *Signature*

☐   ☐   _____

_____   _____   _____

Printed Name   *Daytime Phone*   *Address*   *Owner Resident*   *Signature*

☐   ☐   _____

_____   _____   _____

Printed Name   *Daytime Phone*   *Address*   *Owner Resident*   *Signature*

☐   ☐   _____

_____   _____   _____

Printed Name   *Daytime Phone*   *Address*   *Owner Resident*   *Signature*

☐   ☐   _____

_____   _____   _____

Printed Name   *Daytime Phone*   *Address*   *Owner Resident*   *Signature*

☐   ☐   _____

_____   _____   _____

Printed Name   *Daytime Phone*   *Address*   *Owner Resident*   *Signature*

☐   ☐   _____

_____   _____   _____

Printed Name	Daytime Phone	Address	Owner	Resident	Signature
_____	_____	_____	☐	☐	_____
Printed Name	Daytime Phone	Address	Owner	Resident	Signature
_____	_____	_____	☐	☐	_____
Printed Name	Daytime Phone	Address	Owner	Resident	Signature
_____	_____	_____	☐	☐	_____
Printed Name	Daytime Phone	Address	Owner	Resident	Signature
_____	_____	_____	☐	☐	_____
Printed Name	Daytime Phone	Address	Owner	Resident	Signature
Printed Name	Daytime Phone	Address	Owner	Resident	Signature
_____	_____	_____	☐	☐	_____
Printed Name	Daytime Phone	Address	Owner	Resident	Signature
_____	_____	_____	☐	☐	_____
Printed Name	Daytime Phone	Address	Owner	Resident	Signature
_____	_____	_____	☐	☐	_____
Printed Name	Daytime Phone	Address	Owner	Resident	Signature
_____	_____	_____	☐	☐	_____
Printed Name	Daytime Phone	Address	Owner	Resident	Signature
_____	_____	_____	☐	☐	_____
Printed Name	Daytime Phone	Address	Owner	Resident	Signature
_____	_____	_____	☐	☐	_____
Printed Name	Daytime Phone	Address	Owner	Resident	Signature
_____	_____	_____	☐	☐	_____
Printed Name	Daytime Phone	Address	Owner	Resident	Signature

			☐	☐	_____
_____	_____	_____			
Printed Name	*Daytime Phone*	*Address*	*Owner*	*Resident*	*Signature*

			☐	☐	_____
_____	_____	_____			
Printed Name	*Daytime Phone*	*Address*	*Owner*	*Resident*	*Signature*

			☐	☐	_____
_____	_____	_____			
Printed Name	*Daytime Phone*	*Address*	*Owner*	*Resident*	*Signature*

			☐	☐	_____
_____	_____	_____			
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_____   _____

Signature   *Date*