



Traffic Calming Request Form
City of Deltona Public Works Department

Date: _____

Name of Applicant: _____

Address: _____

Telephone Number: _____ Cell: _____

Own Rent

Please describe your traffic related concern (please check all that apply):

Speeding Pedestrian/Bicycle Frequent Crashes & Collisions Cut through Traffic

Time of Day for concern Additional Information, please explain below:

Location -Intersection/ Streets of Concern:

Applicants Signature:

X _____ Date: _____

Note: A minimum of (5) signatures from the owners of (5) separate properties in the neighborhood will be required before studies will be initiated

Return Form to: City of Deltona Public Works Department
2345 Providence Blvd., Deltona, FL 32725
Attention: Gerald Chancellor

To be completed by Public Works:

Public Works Department Recommendation/action taken: _____

Final Action Taken: _____

Completion Date: _____