



# CITY OF DOWNEY Traffic Calming Request Form

Please type or print and return completed form to: City of Downey City Manager's Office, 11111 Brookshire Avenue, Downey CA 90241 Attn: Scott Pomrehn, Assistant Deputy City Manager

Name \_\_\_\_\_ Organization (if applicable) \_\_\_\_\_

Date \_\_\_\_\_ Day Tel. \_\_\_\_\_ Eve. Tel. \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Location of Problem (Give street name and cross street or other locational information.) If possible, please include a simple map showing the location.

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Description of Problem

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To the extent possible, describe the time of day/week/month and/or frequency of the problem

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Location Map Attached

<b>FOR STAFF USE ONLY</b>	Date Received _____	Tracking Number _____
<b>Action Taken:</b>		
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