



## Transportation Safety / Neighbourhood Traffic Management Request Form

Thank you for providing information about transportation concerns in your neighbourhood. This form will allow us to officially enter your concern in our records as part of the Neighbourhood Traffic Management Policy.

We ask that all residents and business members reporting transportation concerns read the City of Penticton Neighbourhood Traffic Management Policy. It will help you understand the process the City follows when addressing concerns and whether a your request or concern may lead to an appropriate solution.

Have you read our "Neighbourhood Traffic Management Policy"? It can be downloaded here: [www.penticton.ca](http://www.penticton.ca). A hard copy can be obtained at City Hall.

This form is used to report any traffic concerns. All requests must be submitted in writing to be considered. Please provide your contact information in order to have your request considered.

### Primary Contact Information

Name Email Address Phone Number

Street Address & Postal Code

### Specify the Location and Concerns

1. Describe the location and nature of your traffic concern or request:

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2. Types of problems. Check all that apply:

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|---|--|
| <input type="checkbox"/> Traffic Speed        | <input type="checkbox"/> Ability to safely walk in your neighbourhood  |
| <input type="checkbox"/> Traffic Volumes      | <input type="checkbox"/> Ability to safely cycle in your neighbourhood |
| <input type="checkbox"/> Traffic Shortcutting | <input type="checkbox"/> Lack of pedestrian facilities like sidewalks  |
| <input type="checkbox"/> Transit Service      | <input type="checkbox"/> New Crosswalk Request                         |
| <input type="checkbox"/> Traffic Congestion   |  |
| <input type="checkbox"/> Signal Operation     |  |
| <input type="checkbox"/> Road maintenance     |  |
| <input type="checkbox"/> Maintenance of Signs |  |

3. Does the problem occur during all seasons?

- Yes       No

If no, in which season(s) is the problem occurring?

- Winter       Summer       Spring       Fall

4. Does the problem occur during specific times of the day?

- Yes       No      If yes, specify the time(s) of day: \_\_\_\_\_

5. Does the problem occur during specific days of the week?

- Yes       No      If yes, specify the day(s): \_\_\_\_\_

6. List any possible solutions to the problem that you would like the City of Penticton to consider:

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Thank you for taking the time to fill out this form.

For all requests that **do not** require a petition, please **submit your form here**

Requests that require a petition form can be e-mailed to [engineering@penticton.ca](mailto:engineering@penticton.ca), or dropped off in person at the City Yards or mailed to:

Engineering Department, 616 Okanagan Ave East  
Penticton, BC V2A 3K6