

PETITION

Contact Person: _____

Date of Submittal _____

Name _____
 Address _____
 Phone _____
 Email _____

Note: STOP signs will not be considered unless a YIELD sign is currently installed

Type of sign requested: YIELD STOP
 Intersection control requested: ONE-WAY TWO-WAY MULTI-WAY

Sign(s) requested at the intersection of: _____ & _____

Purpose of sign(s): _____

Petitioners: Please completely fill in the information requested below. If you agree with the proposed signage above, check 'YES'. If you do not, check 'NO'.

Name or Company	Address	Yes	No
Name or Company	Address or Legal Description	Yes	No

