

## **Request for Speed Hump Investigation**

County of El Paso
Public Works – Road and Bridge Department
800 E. Overland Ave.
Rm. 200
El Paso Texas 79901

#### **Request for Speed Hump Investigation**

The following is a request form for speed humps (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 Hump Policies and Procedures.

### **A. Street Study Information**

Paguastad Street

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                               |
|                   | MY Street                                      |
|                   | Boundary of Study Area  Boundary of Study Area |
|                   |  |

Requested Street: MY Street

Boundary Area:

From: 1<sup>st</sup> Ave. To: 2<sup>nd</sup> Ave.

## **B.** Evidence of Neighborhood Support

Printed Name

Please provide evidence of neighborhood support for participation. 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 (Street Name) support for our petition to install a speed hump. Please secure at least ten (10) signatures representing ten (10) different households from residents whose property abuts the street segment in question. Printed Name Daytime Phone # Address Signature Daytime Phone # Printed Name Address Signature Printed Name Daytime Phone # Address Signature Daytime Phone # Printed Name Address Signature Printed Name Daytime Phone # Address Signature Daytime Phone # Printed Name Address Signature

Address

Signature

Daytime Phone #

# C. Contact Person Information

Each request must provide a contact person who lives on the requested street within the study area boundary. The contact person will receive all correspondence and will be responsible for gathering evidence of support when requested.

| Name:             |   |
|-------------------|---|
|                   |   |
| Address:          |   |
|                   |   |
| Phone #:          |   |
|                   | bove request, and I understand that a request may not ion once a study determines the street to be eligible for |
| Signature:        |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
| FOR DEPAR         | TMENTAL USE ONLY  |
| Request Submitted | Recommended to Court  |
| (Date)            | (Date)  |
| Checked           | Approved  |
| (Date)            | (Date)  |