



## Appendix A: Traffic Calming Request Form

Application date: \_\_\_\_\_

Description of Location:

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Email request to: [dperreault@essatownship.on.ca](mailto:dperreault@essatownship.on.ca)

**-OR-**

Mail, Fax or Drop off to: Township of Essa, 5786 County Road 21  
Utopia, ON L0M 1T0 Fax# 705-424-2367

### Requested by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

**Why are additional traffic signage and/or mitigation / traffic calming measures being requested at this location? (Provide pictures if available.)**

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OFFICE USE ONLY	
Staff Review:	Date:
Council Review:	Date:
Council Review:	Date:
Approved/ Bylaw:	