City of Huntsville Neighborhood Traffic Management Program
Resident Questionnaire

Date_____

Lead Contact_____ Day Phone_____
Alternate Contact_____ Day Phone_____

Address (Lead Contact)_____

Neighborhood / Street(s) of Concern_____
_____

What traffic problems have you identified affecting the above street(s)? Please be specific, if possible, with exact locations, times of day, and days of week. Attach extra sheets if necessary:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Is school traffic a factor in your traffic problem?

_____

How long has this traffic problem existed?

_____
_____

Return the completed questionnaire to:

Click Here to Submit Form

City of Huntsville - Engineering
Attention: Toneka Lindsey
320 Fountain Circle SW
Huntsville, Alabama 35801
Phone: (256) 427-5300 Fax (256) 427-5325

For Office Use Only:

Project Number _____
Date Questionnaire Received _____
Date(s) of Enforcement _____
Date(s) Speed Trailer Deployed _____
CRO Recommends Traffic Study? Yes:_____ No_____
Date(s) of Traffic Study _____
Date of Design Presentation _____
Date Petition Received _____
Date Measures Implemented _____