

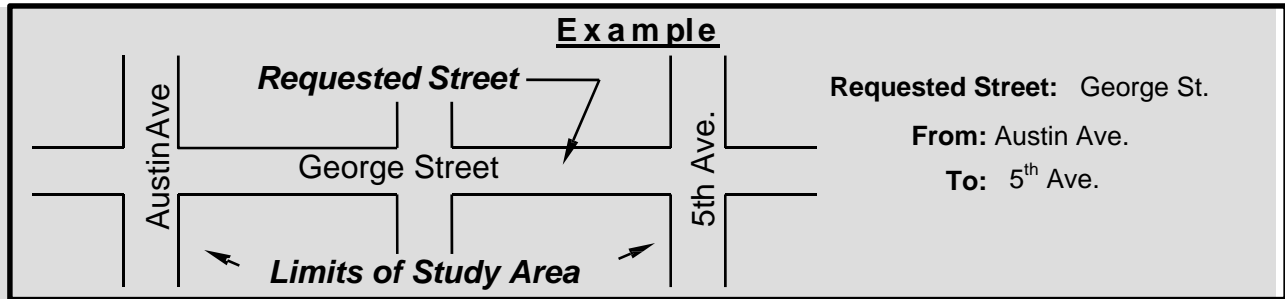
**CITY OF GEORGETOWN**  
**NEIGHBORHOOD TRAFFIC MANAGEMENT PROGRAM**  
**MITIGATION REQUEST APPLICATION FORM**



Submittal of this form constitutes a formal request and must contain the completed information in the application and any additional background material you wish to include. This request will be processed according to the guidelines and procedures for the Neighborhood Traffic Management Program in effect as of the date of this request.

**REQUESTED STREET LOCATION:**

<b>Requested Street:</b>	
<b>From:</b>	
<b>To:</b>	



*By my signature below, I agree to be the Requester of Record for this request. I have read the guidelines and procedures governing the Local Area Traffic Management Program and agree to carry out to the best of my abilities the duties and responsibilities associated with being the Requester of Record. I also understand that any documents submitted to the City of Georgetown may be subject to public disclosure in accordance with the Texas Public Information Act.*

**REQUESTOR INFORMATION:**

<b>Name:</b>	
<b>Address:</b>	
<b>City, St, Zip:</b>	
<b>Email Address:</b>	
<b>Phone Number:</b>	

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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GENERAL DESCRIPTION

*A request can be made by a resident, business, school, neighborhood association or other entity whose property is located within the study area. The requester of record will receive all correspondence and is the primary contact for the request. This person will also serve as the liaison to any community organizations within whose boundaries the requested study area exist.*

*Prior to submitting a request, the requester must meet with the Public Works Division/Traffic Engineer to discuss the speed or traffic volume issues being considered for mitigation.*

1. Date of Pre-application conference with the Public Works Division: \_\_\_\_\_

2. Type of Application:  
Traffic Speed Study:  Traffic Volume Study:

3. A general description of the traffic problem or condition to be remedied:

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4. Special conditions concerning the proposed study area that are germane to this request:

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5. Any evidence of support from the neighborhood and community:

_____
_____
_____
_____

*Please attach any additional information to support the application.*

**APPLICATION REQUEST TIMELINE:**

<b>Process Step</b>	<b>Duration*</b>
Deadline for request submission.	September 1
Staff review and determination of type of application/completeness.	1 to 2 Months
Staff determination of potential mitigation measures.	2 to 3 Months
Public Meeting on staff determination.	1 to 2 Months
Staff Recommendation to Georgetown Transportation Advisory Board (GTAB) and City Council	2 to 3 Months
Design of mitigation measures not requiring capital improvements.	1 to 2 Months
Approval of funding for design of mitigation measures requiring capital improvements.	Next FY

\* Timeline subject to change based on contracting requirements, type and extent of data collection, technical review, number of projects, and/or other factors that will be discussed with the applicant upon submittal.

<b>City of Georgetown Certification:</b>	Date of Receipt: _____
Type of Application: _____	Completeness Review: YES <input type="checkbox"/> NO <input type="checkbox"/>
Staff Recipient: _____	Initial Here: _____
<i>A copy of the completed Staff Certification will be sent to applicant upon completion.</i>	