Count of San Mateo Traffic Control Request Application

Contact information (Please type or print clearly):

Name ___________________________________
Address__________________________________
City _________________________________
Telephone ___________________ Email Address_________________________________

Site Information (if different from address):

Street Address or Nearest Intersection: ___________________________________________________________

Brief Statement of Problem: ________________________________________________________________

Traffic Control Sign: (check one of the following)

□ Stop Sign
□ Restricted Movement. (Please specify ________________________________)
□ Speed Limit (Please specify ________________________________)
□ Warning Sign (Please specify ________________________________)
□ Other

Send to 752 Chestnut St. Redwood City, CA 94063 Or email DPW_Traffic@smcgov.org