



Community Traffic Safety Program CITIZEN CONCERN REQUEST FORM

If you have a roadway issue you would like us to evaluate, please complete this community traffic safety concerns form with as much information as possible.

Requestor Information

Name of Concerned Citizen/ Requestor:			
Title:			
Name of Agency/Organization:			
Telephone:		Email:	
Address:			

Location Information

County:		Municipality:	
Maintaining Agency:	<input type="checkbox"/> FDOT	<input type="checkbox"/> County	<input type="checkbox"/> Municipality <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Road Name:			
Intersecting Roadway: <i>if applicable</i>			
Location Description:			
Type of Issue	<input type="checkbox"/> Engineering	<input type="checkbox"/> Education	<input type="checkbox"/> Enforcement <input type="checkbox"/> Emergency Services

Additional Comments:

For more information, please contact:

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