



NEIGHBORHOOD ACTION REQUEST FORM NEIGHBORHOOD TRAFFIC MANAGEMENT PROGRAM

We the undersigned, request that the Manheim Township Neighborhood Traffic Management Team investigate vehicle traffic concerns at the location stated below. After a review of this information, we believe our neighborhood traffic situation may meet the warrants of the Township's Neighborhood Traffic Management Program. The following signatures represent at least 25 percent of the residents and businesses in the neighborhood. This indicates the neighborhood's commitment to work with the Neighborhood Traffic Management Program for a safer traffic environment within our neighborhood.

Neighborhood: _____ Today's Date: _____

Location of Concern: _____

Nature of Concerns: _____

Signature

Address

Telephone No. (Day/Time)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Contact Name: _____ Day Telephone: _____

Address: _____

Thank you for taking the time to complete the Neighborhood Action Request Form. After completing the form, please return it to the Manheim Board of Commissioners, c/o James M. Martin, Township Manager, 1840 Municipal Drive, Lancaster, Pennsylvania, 17601.