



**Neighborhood Traffic Safety Program**  
**Citizen Action Request Form**

Contact Name: \_\_\_\_\_ Day phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Location of concern (street limits): \_\_\_\_\_

Neighborhood (i.e. Briarcrest, Echo Lake, etc.) \_\_\_\_\_

What concerns have you identified with the above location? Certain times of the day?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your opinion, what is the cause of the problem?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to complete the Citizen Action Request Form. Please send the completed form to:

**City of Shoreline**  
**c/o Traffic Services**  
**17500 Midvale Avenue N**  
**Shoreline, WA 98133-4921**  
**FAX: (206) 546-2008**

Once we receive the form, a representative of Traffic Services will investigate your street and contact you. If you have questions or comments, please call Traffic Services at (206) 801-2433.

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Service Request No. \_\_\_\_\_

Field Review \_\_\_\_\_

Possible Issues: \_\_\_\_\_

Accidents       Speeds       Volume       Cut-through

Candidate for NTSP?       Yes       No

If no, what existing program best fits this issue? \_\_\_\_\_