



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? _____