Town of Orange Park

Exhibit A

APPLICATION FOR NEIGHBORHOOD TRAFFIC CALMING

1. Describe the area where traffic calming is requested:
   Street Name: ____________________________
   From (Cross Street or Address) ____________________________
   To (Cross Street or Address) ____________________________

2. Please provide a summary of neighborhood traffic concerns in this area. Feel free to attach additional sheets or provide any other information that you feel may be useful in describing the problem (photos, sketches, etc.)
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________

3. Primary Contact Information
   Name: ____________________________
   Address: ____________________________
   Phone Number: ____________________________
Email: __________________________________________

Signature: ___________________________ Date: ______________

4. Neighborhood Support: Provide names, addresses, phone numbers and signatures of property owners in the proposed primary affected area who support this application (See Exhibit B)

Return application to:
Town of Orange Park-Town Manager’s Office
2042 Park Avenue
Orange Park, FL 32073
904-278-3011