



SPEED CONTROL APPLICATION FORM

Name: _____ Date: _____

Street Address _____

Daytime Phone: _____ Postal Code: _____

My Property is zoned residential / commercial (circle one) and I am the owner/tenant (circle one).

1. I am applying for the installation of speed control measures on _____ (Street Name)

between _____ (Cross St. A) and _____ (Cross St. B)

2. The reason (I think speed control measures would be beneficial on my street (attach additional sheet if required);

3. I understand that the next step is for the City to confirm receipt of this application. The City will then determine if this street meets the minimum criteria for speed control measure. If my street meets the minimum criteria (City will inform me within 1 month), I will be required to obtain signature on a petition drafted and provided by the City. At least 51% of affected (as determined by the City) must support the installation of speed control measures.

Signature

Date

Please submit completed application to:

City of Thorold, Public Works and Community Services Department:
3540 Schmon Parkway, PO Box 1044 Thorold, ON L2V4A7

Phone 905-227-3535 Fax:(905) 227-3666
Email: thoreng@thorold.com