

**RETURN FORM TO CITY
CLERK FOR PROCESSING**



**CITY OF FORT BRAGG APPLICATION
FOR
TRAFFIC ENFORCEMENT MODIFICATION**

Applicant: Phone:

Address:

Type of traffic modification requested: Stop Sign Speed Limit Change Parking Time Limit
 Other, please explain _____

Location of Traffic Modification Request:

Nearest cross street:

Reason for request:

Applicant Signature _____ Date _____

NOTE: THIS FORM IS NOT TO BE USED TO REQUEST TRAFFIC ENFORCEMENT

Traffic Committee Action:

Approved Date: _____

Denied Reason: _____

Director of Public Works _____ Date: _____

Chief of Police _____ Date: _____

City Council Approval Date: _____

Upon approval, copies to POLICE CHIEF, CITY CLERK, PUBLIC WORKS DEPARTMENT