



City of Solana Beach
COMMUNITY ACTION REQUEST (CAR) FORM

Thank you for expressing interest in the City of Solana Beach's Neighborhood Traffic Management Program. Please fill out this form as completely as possible, describing your concern and return via email at pw-eng@cosb.org or mail/in person to **City of Solana Beach Engineering Department-CAR** at **635 South Highway 101, Solana Beach, CA 92075**.

Name _____ **Date** _____

Address _____

Phone _____ **Email** _____

Neighborhood Association (If applicable) _____

Neighborhood Traffic Concerns:

1. Which best describes your neighborhood traffic concern (Please Select One):

☐ Speeding ☐ Cut-Through ☐ Pedestrian/Bicycle Safety ☐ Collisions ☐ Other

2. Approximate time of day that problem occurs: _____

3. Street(s) and/or intersection(s) where the problem occurs:

4. Any other information that you feel is important and include any photos or maps to better describe your concern. Staff will review your request and contact you to discuss further.

5. Please include signatures of at least 5 other residents that share your concern:

Name	Address	Signature	Phone or Email