

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 (NTMP). Please fill out this form as completely as possible, describing your particular concern and return to the City of Solana Beach's Engineering Department at: Engineering, NTMP, 635 South Highway 101, Solana Beach, CA 92075. Staff will review your request and contact you to discuss further.

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Contact Person Address	Day Phone Email			
radicss		Date		
Neigh	hborhood Association (If applicable).		
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Please describe your neigh	ıborhood traffic conc	ern:		
Which best describes your co Speeding Cut-Ti		ne): trian/Bicylce Safety	Collisions	Other
Approximate time of day that	at problem occurs:		<u> </u>	
Please identify the street(s) a	.nd/or intersection(s) w	here the problem occurs	3.	
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Please include signatures of a Name	Address	·	nature	Phone or Email
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