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, 655 South Highway 101, Solana Beach, CA 92075. Staff will review your request and contact you to discuss further.

Contact Person ___________________________ Day Phone ___________________________
Address _____________________________________________________________
__________________________________________________________
Email _____________________________________________________________
Date ___________________________

Neighborhood Association (If applicable): ____________________________

Please describe your neighborhood traffic concern:

Which best describes your concern (Please Circle One):
Speeding  Cut-Through  Pedestrian/Bicycle Safety  Collisions  Other

Approximate time of day that problem occurs: __________________________

Please identify the street(s) and/or intersection(s) where the problem occurs:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please provide any other information that you feel is important. Please feel free to include any photos or maps to better describe your concern:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

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<th>Address</th>
<th>Signature</th>
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