



REQUEST FOR SPEED BUMPS

NAME _____ **DATE** _____
LAST FIRST M.I.

ADDRESS _____ **SUBDIVISION (IF APPLICABLE)** _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE _____ **EMAIL** _____

ROAD(S) REQUESTED FOR TRAFFIC STUDY	FOR OFFICIAL USE ONLY									
	<input type="checkbox"/> EVALUATE WHILE SCHOOL IS IN SESSION	DIST	RD ID	LEN	PSL	ADT	85 th	DNQ	SpO	FQ
1)								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEIGHBORHOOD TRAFFIC CONCERNS: *(PLEASE INCLUDE STREET ADDRESS WHERE YOU BELIEVE THE HIGHEST VOLUME AND SPEED CAN BE RECORDED.)*

PLEASE RETURN THIS FORM TO:

CBaldwin@co.pickens.sc.us

Clay Baldwin / Pickens County Engineer
 186 Prison Camp Rd
 Pickens, SC 29671