

SPEED BUMP INSPECTION FORM PUBLIC WORKS DEPARTMENT OFFICE USE ONLY

REQUEST DATE:

DESCRIPTION OF WORK: □ INSTALLATION □ REMOVAL

DESIGNATED REPRESENTATIVE INFORMATION:

Name:

Mailing Address:

Phone: _____ Email: _____

SPEEDBUMP INSTALLATION/REMOVAL LOCATION:

Physical Address:

Note: The designated representative should be the resident who owns property nearest to the speed bump installation location.

ADDITIONAL NOTES:

APPROVED/DENIED BY: _____ DATE:_____

Note: Please submit this Inspection Form along with a completed Speed Bump Application to the Planning and Zoning Department.