



**REQUEST FOR CHANGE of TRAFFIC CONTROL CONDITIONS**

Primary point of contact:

Name: \_\_\_\_\_ Address \_\_\_\_\_ Day phone \_\_\_\_\_

Additional Contacts	Address	Day phone
1.	_____	_____
2.	_____	_____
3.	_____	_____

Neighborhood \_\_\_\_\_ Today's date \_\_\_\_\_

What is the location(s) of the change you propose and the reason for your request? Attach pages if necessary.

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Type of traffic condition change requested (e.g. parking, STOP sign, street striping or markings, traffic direction of flow, etc.):

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Please return the completed request form to:

City of Bowling Green, ATTN: City Central / CIA  
 1001 College Street, Bowling Green, KY 42102  
 Phone: (270) 393-3444 Fax (3077)

<u>For Office Use Only</u>	
Reference number: _____	Date Application Received _____
Date Preliminary Analysis Completed: _____	
BOC Decision and Date: Approved _____ Denied _____	