Resident Parking Petition

We, the residents of _____ wish to request the implementation
(STREET NAME)

of a parking prohibition at any time or _____ on
(CIRCLE ANY TIME OR PUT IN TIME FRAME

_____ between _____
(LIMITS OF ROADWAY - PROPERTY #/INTERSECTION, WHOLE ROAD) (LIMITS OF ROADWAY - PROPERTY #/INTERSECTION, WHOLE ROAD)

Please state the reason for the request _____

_____

_____

This petition is a pre-screening process showing residents within the effected area in support of the restriction before a technical analysis of the request will be undertaken and a survey distributed to the residents by the Transportation Strategy group. ***Your signature is not binding and the purpose of this petition is to identify the real demand for this request prior to proceeding with a formal survey.***

Please Print Clearly

Resident Name (ONE PER HOUSEHOLD)	Address	Phone # or Email (REQUIRED)	Signature (REQUIRED)

Note: The contact person should be the first person to sign the petition. One signature per address is sufficient. Information on this petition becomes public information in accordance with municipal freedom of information and protection of privacy act. information on this form is solely for the purpose of determining whether or not a majority support the requested regulation and is maintained in accordance with the Municipal Freedom of Information and Protection of Privacy Act, RSO 1990 c.M.56.

Please Print Clearly

Resident Name (ONE PER HOUSEHOLD)	Address	Phone # or Email (REQUIRED)	Signature (REQUIRED)