



**CITY OF SOUTH BEND
DEPARTMENT OF PUBLIC WORKS
DIVISION OF ENGINEERING**

TRAFFIC CONCERN FORM

DATE: _____
NAME: _____
ADDRESS: _____
EMAIL: _____
TELEPHONE: _____
LOCATION OF ISSUE: _____
TIME OF DAY IF RELEVANT: _____

- TYPE OF ISSUE: ADA Compliance (Issues with ADA accessibility of sidewalks, street crossings, signal and other facilities)
 Bicycle Related (Addition or revision of bicycle facility, bike lane markings, etc)
 Intersection Control (Changes at an intersection: stop sign or signal related)
 Parking (Changes to on-street parking)
 Pavement Markings (Missing or faded travel lane markings, traffic symbols)
 Pedestrian (Changes to crosswalk or walk signals)
 Regulatory Sign (Addition or revision of regulatory sign such as Stop, Yield, etc.)
 School Zone (Addition of School Zone signs, other school area traffic safety)
 Sight Distance (Sight issues on street or intersections)
 Signal Timing or Configuration (Changes to traffic signal timing)
 Speeding (Report frequent speeding)
 Traffic Flow (Slow moving traffic, congestion issues, etc)

DESCRIPTION OF ISSUE: _____

Thank you for submitting a traffic concern to the Engineering Office. Your request will be reviewed by our team and may require further investigation, including traffic counts and speed studies. This can take several weeks so please know that we are working to address your concern.

Email completed form to trafficrequest@southbendin.gov

For Office Use Only

Information logged in Traffic Service Requests *SmartSheet*®? ___Yes ___No
Assigned Traffic Service Request Number: TR _____ - _____