



## Traffic Calming Request Form

This form can also be filled online at <http://www.beavertonoregon.gov/index.aspx?nid=320>

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please describe the area in your neighborhood where the problem with speeding or cut-through traffic is most evident. List specific streets and intersections.

**(Example: Traffic on street A between Street B and Street C travels at high speed).**

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What time of day do the concerns you have seem most noticeable?

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What days of the week the concerns you have seem most noticeable?

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If you have any questions, please call Jabra Khasho, City Traffic Engineer, at 503-526-2221 or email [jkhasho@beavertonoregon.gov](mailto:jkhasho@beavertonoregon.gov)

**Please return this completed form to:**

City of Beaverton  
Public Works Department  
Transportation Engineering Section  
P.O. Box 4755  
Beaverton OR 97076-4755