

**Metro Neighborhood Traffic Management Program
Application Form**

Contact name(s) _____ Day phone _____

Contact name(s) _____ Day phone _____

Neighborhood Association _____ Today's date _____

Which neighborhood street(s) are primary concerns?

| Street | From | To |
|--------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

How many households does your association represent? _____

How often does your Association meet? _____

Where does your Association meet? _____

How often does your Association Board meet? _____

Where does your Association Board meet? _____

Please return the completed application form by mail to:

**Metro Department of Public Works
Traffic Calming Office
Attention Benny Word
730 South 5th Street
Nashville, TN 37206**

or in an e-mail attachment to customercare@nashville.gov , Attention - Benny Word.

Call 862-8716 for more information.

**I have read and understand the guidelines of Metro Neighborhood Traffic Management Program. I have further reviewed the program with the association board.
Our neighborhood association wishes to become an active participant in this program.**

Association President _____
Signature

Date _____

Metro Nashville Neighborhood Traffic Management Pilot Program