



**CITY OF GALLATIN
NEIGHBORHOOD TRAFFIC MITIGATION PROGRAM
APPLICANT QUESTIONNAIRE**

CONTACT NAME: _____ PHONE: _____

ADDRESS: _____ DATE: _____

1. Describe the location of the traffic problem, including the area affected and the effects of the problem. Include street and intersection names, etc.

2. Rank your neighborhood's traffic problems and provide a brief description of each (for instance, the time when the problem is the worst, or a specific issue such as a pothole).

- _____ Speeding
- _____ Parking
- _____ Accident problems
- _____ Danger to pedestrians, bicyclists, etc. using street or sidewalk
- _____ Danger to pedestrians, bicyclists, etc. crossing streets
- _____ Difficulty leaving/entering your driveway or street
- _____ Traffic volume
- _____ Traffic noise
- _____ Noise (please explain)

3. Describe who you feel is involved. For instance, does a particular driver seem to be the problem, a certain kind of driver, or most drivers?

