



# CITY OF ARCHDALE

307 BALFOUR DRIVE  
P.O. BOX 14068  
ARCHDALE, NORTH CAROLINA 27263

PHONE: (336) 431-9141      FAX: (336) 431-2130

## PETITION FOR TRAFFIC CONTROL PROCESS

Petition Initiator Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

2. Street Name:

\_\_\_\_\_

3. Please describe the reason(s) why you are seeking a traffic control measure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I attest that all the above information is true and correct, and all the owner or tenant's signatures are original:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PROPERTY OWNER OR TENANT SIGNATURES:

Printed Name Signature Physical Address

Multiple horizontal lines for writing names, signatures, and addresses.

\*\*Please attach additional pages of property owner signatures if necessary.

Received by: \_\_\_\_\_ Date: \_\_\_\_\_