



RECORD OF PUBLIC CONTACT FOR TRAFFIC ISSUE

Date : _____

Time : _____

Contact Person
First & Last Name : _____

Organization (If Any) : _____ Email : _____

Cell Phone : _____ Issue(s) : _____

Address : _____

LOCATION (ONE LOCATION PER SHEET)

DIRECTION OF TRAFFIC: (IF APPLICABLE)

TIME(S) OF THE DAY OF THE ISSUE OBSERVED

ISSUES: (PLEASE BE AS SPECIFIC AS POSSIBLE)

HOW OFTEN THE ISSUE OCCURS: (FIRST TIME, EVERYDAY, ONCE A WEEK, CERTAIN DATES OF THE WEEK SCHOOL START/CLOSE ETC)

WOULD THE CONTACT PERSON LIKE THE CITY TO FOLLOW UP WITH A CALL? (CIRCLE ONE) **YES** **NO**

THANK YOU FOR FILLING THIS FORM OUT. PLEASE LEAVE THIS AT THE INBOX FOR HANDLING.

RESOLUTIONS: