



Traffic Calming Request Form
City of Oviedo Traffic Engineering Department

(Please print or type)

Date: _____

Name of Applicant: _____ Telephone number: _____

Property Address: _____

<input type="checkbox"/> Own
<input type="checkbox"/> Rent

Neighborhood Association Name: _____

Mailing Address: _____
(If different from property address)

In general, please describe your related traffic concern (please check all that apply):

- Speeding
- Pedestrian/Bicycle Safety
- Frequent Crashes/Collisions
- Cut-Through Traffic Volumes
- Other/ Additional Information (Please explain)
- Time of day for concern:

Location – Intersection/ Street(s):

Return form to:
City of Oviedo Public Works
650 S. Central Ave.
Oviedo, FL 32766
Fax: (407)971-5822

Applicant's Signature

(To be completed by City of Oviedo Traffic Engineering Department)

Traffic Engineering Department Recommendation/Action:

