



City of McAllen
Traffic Operations Department
210 N. 20th St. ♦ McAllen, TX 78501 ♦ (956) 681-2700

REQUEST FOR SPEED HUMP INVESTIGATION

Request for Speed Hump Investigation

The following is a request form for speed humps (please feel free to submit this form as a formal request). Each request must contain the completed information as indicated in sections A, B and C. The request will be processed in accordance with the provisions of the Speed Hump Policy, which can be found online at www.mcallen.net/departments/traffic.

A. Street Study Information

Each request must provide the name of the street on which a study is requested, and the boundaries of the street segment. Traffic studies will be conducted only within the boundaries indicated. Please use street names for boundaries, not block ranges. **ONLY ONE STREET PER APPLICATION**

Requested Street: _____

Boundary Area: From: _____

To: _____

EXAMPLE:

_____	Requested Street	_____	Requested Street: Main Street Boundary Area: From: 1 st St. To: 2 nd St.
_____	Main Street	_____	
_____	1 st St.	_____	
	Boundary of Study Area	2 nd St.	

B. Evidence of Neighborhood Support

Please provide evidence of neighborhood support for participation in the program. The attached form can be used for this request. Evidence of support must be within the study area as identified in Section A.

We the undersigned owners and residents of _____ hereby offer our support for our neighborhood's participation in the Speed Hump Program.

Please secure at least ten (10) signatures representing ten different households from **residents whose property abuts the street segment** in question.

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Printed Name	Address	Owner	Resident	Signature

Traffic Operations Department Speed Hump Program

Printed Name	Address	<input type="checkbox"/>	<input type="checkbox"/>	Signature
		Owner	Resident	
Printed Name	Address	<input type="checkbox"/>	<input type="checkbox"/>	Signature
		Owner	Resident	
Printed Name	Address	<input type="checkbox"/>	<input type="checkbox"/>	Signature
		Owner	Resident	
Printed Name	Address	<input type="checkbox"/>	<input type="checkbox"/>	Signature
		Owner	Resident	
Printed Name	Address	<input type="checkbox"/>	<input type="checkbox"/>	Signature
		Owner	Resident	
Printed Name	Address	<input type="checkbox"/>	<input type="checkbox"/>	Signature
		Owner	Resident	
Printed Name	Address	<input type="checkbox"/>	<input type="checkbox"/>	Signature
		Owner	Resident	
Printed Name	Address	<input type="checkbox"/>	<input type="checkbox"/>	Signature
		Owner	Resident	

C. Contact Person Information

Each request must provide a contact person who lives on the requested street within the study area boundary. If the request is being submitted from a neighborhood association, please provide the name, address, and telephone number of the duly authorized representative of the neighborhood association. The contact person will receive all correspondence and will be responsible for gathering evidence of support when requested.

Name: _____

Address: _____

McAllen, TX Zip Code: _____ **Phone #:** _____

I agree to be the contact person for the above request, and I understand that a request does not guarantee installation of speed humps and that a request may not automatically be withdrawn from consideration once a study determines the street to be eligible for speed humps.

Signature: _____ **Date:** _____

Please Return Completed Form To:

**Speed Hump Program
Traffic Operations Department
P.O. Box 220
McAllen, TX 78505-0220**