

City of West Point, Georgia

Neighborhood Traffic Concern Form

Traffic Calming Needs Assessment Application

Applicant Information (Required)		
Name:			
Address:			
City:	State:	Zip:	
Telephone #:	Email Address:		
Requestor Signature:			_
Resident1 □	Property Owner2 □		
Traffic Issue	Very Significant	Significant	Not Significant
Speeding			
Traffic Volumes			
Cut-through Traffic			
Traffic Accidents			
Traffic Noise			
Pedestrian Safety			
Bike Safety			
Parking			
Other (please specify)			
Location of Requested N (e.g. 400, 500, and 600			ic boundaries as clearly as possible

- 1 Residents are defined as either owner-occupiers or renters/lessees within the project area.
- 2 Property owners are defined as the person or persons listed on the Troup/Harris County Property Record Index or the legal representative of an entity.



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in the Assessment Area:
Please identify the time of the day when the traffic problems appear to be the worst (such as AM peak, PM peak, afternoon, evening, or night).
Please describe any of the following characteristics of your neighborhood: heavy use by pedestrians, bicyclists, or other more vulnerable users; substandard streets (lack of sidewalks, narrow streets, right curves, limited sight distance, etc.) and pedestrian generating facilities (parks, elderly housing, shopping areas, etc.).
Please describe if there are any business, parks, schools or other places that may be a part of the issue.
Please describe if the traffic problems mainly occur during holidays (such as Christmas, Thanksgiving, New Year, etc.)
Please describe who you think is causing the traffic problems. For example, is it local residents or cut-through traffic? Is it cars or delivery trucks, etc.?
Please describe if the traffic problems create safety issues for pedestrians and bicyclists in your neighborhood. If yes, then please describe how the traffic problems affect safety of pedestrians and bicyclists in your neighborhood?
Are there any existing traffic calming measures within the Assessment area you have defined? If yes, then please describe if they are effective.



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islands, corner bulb-outs, stop signs etc.) being placed in front of your home? Are you willing to lose on-street parking in front of your home?
Have you previously contacted the City of West Point for help in addressing your traffic problems? If yes please indicate which departments have been contacted.
Is the area of concern an active construction zone? If so, do you know the project name or can you provide a description of the project?
Is there any traffic calming treatments that you would not find acceptable?
Please provide us with any additional comments you feel would be helpful.
Does the area of concern include any bus stops or affect other transit access?
Please return the completed Traffic Calming Needs Assessment to Kristin Lester at City Hall or email to kristin.lester@cityofwestpointga.com
City of West Point