TRAFFIC STUDY REQUEST

The Town of _____ is requesting a traffic study to be performed by the Windham Regional Commission.

Purpose of Study: _____

_____.

Traffic Information Required for Study (Please check requested information):

- ☐ Volume of Traffic: number of vehicles, direction of traffic and hour of day.
- ☐ Classification of Vehicle: identification by type, motorcycles; passenger cars; pick-ups or vans; buses; and several categories of moderate to heavy truck or truck/trailer combinations.
- ☐ Speed of Vehicle

Location: (Please include as much detail as possible) _____

_____

_____.

Circle One: Paved Road Dirt Road

Map of location:

N ⇧

Authorized Signature:_____ Date:_____

Chair of Selectboard or Chair Designee

Contact person/information: _____

(Please Return form to: Windham Regional Commission, Attn: Matt Mann, 139 Main St., Suite 505, Brattleboro, VT 05301; Direct questions to: 802 257 4547 Kendall Gifford ext 113 or Matt ext 120.