

**RIVERTON CITY TRAFFIC CALMING PROGRAM
TRAFFIC ASSESSMENT REQUEST FORM**

APPLICANT CONTACT INFORMATION:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Complete form and return to:

**PUBLIC WORKS DEPARTMENT
Engineering Division**

12526 S 4150 W

Riverton, Utah 84096

P: (801) 208-3162

F: (801) 987-8743

publicworks@rivertonutah.gov

OBSERVED TRAFFIC PROBLEM:

Type of Traffic Problem: (check all that apply)

Speeding

Volume

Safety

Location: (be specific) _____

Time of Day: (check all that apply)

Early Morning

6 a.m. – 9 a.m.

9 a.m. - 12 p.m.

12 p.m. – 3 p.m.

3 p.m. - 6 p.m.

6 p.m. – 9 p.m.

Late Evening

Other: _____

Days of the week: (check all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Description of Traffic Problem: _____

Upon receipt of a traffic assessment request, Riverton City staff will have five (5) business days to respond to the applicant. During this time, staff will identify the study area and determine whether a request has already been submitted. If this is the case, the applicant will be notified of the results or that a study is already underway.

If a study has not been conducted, staff will identify the limits of the study based upon roadways, topography, and land use destinations. The study area shall include all streets that have an influence on the observed traffic problem.



