

Traffic Calming Application

Please use this form to request traffic calming.

Note that neighborhood support is required prior to the data collection phase.

Contact Information

Name: _____

Phone: _____

Address: _____

Email: _____

Request Location

1. Please identify the location of your concerns. No more than one location per application.

► **Intersection or Street Block**

Traffic Concerns

2. Where is your traffic concern located?

☐ At an intersection

☐ Between intersections

☐ Both

3. Indicate and prioritize the issues you hope to address through traffic calming.

Most important ————— Less important

1
☐

2
☐

3
☐

4
☐

5
☐

Vehicle speeds

1
☐

2
☐

3
☐

4
☐

5
☐

Drivers not yielding
to pedestrians

1
☐

2
☐

3
☐

4
☐

5
☐

Traffic volumes
or cut-through traffic

1
☐

2
☐

3
☐

4
☐

5
☐

Crashes

1
☐

2
☐

3
☐

4
☐

5
☐

Difficult to bike

1
☐

2
☐

3
☐

4
☐

5
☐

Other
(describe below)

4. What times of the day or days of the week do these problems occur?

5. What additional factors do you think should be considered in the evaluation? For example, any unique conditions or circumstances.

6. Other information regarding your concern. Please attach photos, sketches, or other supporting information about the problem.

Submit completed application to Traffic.Calming@minneapolismn.gov or mail to:

Traffic & Parking Services
Attn: Traffic Calming
300 Border Ave N
Minneapolis, MN 55405

7/8/25 version 8

