



City of Rocky Mount
Residential Traffic Management Program
Request for RTM Evaluation

I, _____, a resident at _____ request
that the City of Rocky Mount conduct an evaluation of traffic safety issues with my neighborhood and
assess whether the City's Residential Traffic Management Program would be an appropriate mechanism
to deal with my concerns, which include:

Signature: _____

Daytime Phone Number: _____

For Office Use Only

Date Received: _____

Preliminary Assessment Completed: _____

RTM Program Appropriate: YES NO

Referred for Data Collection: _____

Date Collection Completed: _____