

SECTION V - FORMS

CITY OF SOCORRO
NEIGHBORHOOD TRAFFIC MANAGEMENT PLAN

RESTAURANT

SECTION V – FORM

**NEIGHBORHOOD TRAFFIC CALMING REQUEST
CITY OF SOCORRO — NTMP APPLICATION FORM**

Part A

Date: _____

On this date, we, the residents of, request that the City of Socorro’s Planning and Zoning Department initiate a NTMP Study in our neighborhood to address the following concern(s):

- Safety
- Speeding
- Excess Traffic
- Cut-Through Traffic
- Bicycle or Pedestrian
- Commercial Vehicle Restriction
- Parking
- Noise
- Other (Please describe:) _____

Description of neighborhood conditions or recent changes in traffic, leading to this application:

Part B

We understand that the NTMP process involves active participation of our community and that the decision-making process may require us to set and attend neighborhood meetings, further petition campaigns, and coordinate with the Planning and Zoning Department on components of the Study. We also understand that initiating a NTMP Study does not guarantee implementation of traffic calming devices or policies, which are dependent on both the findings of the study and available fiscal resources.

Part C

All persons signing this official request certify that they reside in the neighborhood referenced in Part A above, and agree with the identified concern(s) checked in Part A. All persons signing this official request also agree that the designated contact person(s) below will represent the neighborhood as facilitator(s) between the neighborhood residents and the City of Socorro’s Planning and Zoning Department for the purposes of this NTMP Study.

Sign and submit to the City of Socorro c/o City Clerk (124 S. Horizon Socorro, TX 79927 or cityclerk@costx.us)

Designated Neighborhood Contact(s)

Name: _____ Address: _____

Telephone: _____ Email: _____

Supporting Neighborhood Resident Applicants

Name: _____ Address: _____

Telephone: _____ Email: _____

Name: _____ Address: _____

Telephone: _____ Email: _____

**NEIGHBORHOOD TRAFFIC CALMING REQUEST
CITY OF SOCORRO — NTMP PETITION FORM**

Date: _____

Representatives from the neighborhood, on requested initiation of a NTMP Study. Based on available data, the households and properties identified in the attached Exhibit 1, **to be provided by applicant**, are considered to be in the affected area. An initial assessment of available data has been conducted, and to continue processing the application neighborhood support is required. Two-thirds of the shown households/properties on Exhibit 1 must agree with the application and sign the petition below. The completed petition should be submitted to the City of Socorro c/o City Clerk (124 S. Horizon Socorro, TX 79927 or cityclerk@costx.us).

Section II (ONLY ONE SIGNATURE PER ADDRESS)

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Date: _____

Section II (ONLY ONE SIGNATURE PER ADDRESS)

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____

Name(print): _____ Address: _____ Telephone: _____
Email: _____ Signature: _____