

REQUEST FOR SPEED LIMIT POSTING

DATE: _____

1. NAME OF ROAD: _____

2. LOCATION OF SIGNING REQUESTED (furnish a location map and indicate on the map that portion of the road where signing is requested):

3. SPEED LIMIT REQUESTED: _____ MPH

4. IS THIS A REQUEST FOR PERMANENT POSTING (circle one): YES NO

IF NOT A REQUEST FOR PERMANENT POSTING, PLEASE GIVE THE DATES OF SEASONAL POSTING REQUESTED:

FROM _____ TO _____

5. TYPE OF ROAD SURFACE: _____

6. ESTIMATED NUMBER OF VEHICLES USING THIS ROAD EACH DAY: _____

7. NUMBER OF RESIDENTS LIVING WITHIN AREA OF SIGNING REQUESTED: _____

8. SIGNATURE OF PERSONS (18 years of age or older) LIVING IN AREA THAT SUPPORT THIS REQUEST (you may attach a separate sheet):

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____

DO NOT WRITE BELOW THIS LINE - FOR COMMISSIONER USE ONLY

A. DATE RECEIVED: _____ B. DATE REVIEWED: _____

C. DETERMINATION: _____

D. TRAFFIC STUDY: Date Requested _____

Date Completed _____

E. DETERMINATION: _____

FLATHEAD COUNTY COMMISSIONERS
800 S. Main, Room 302, Kalispell, MT 59901