



THE VILLAGE OF  
**OAK LAWN**

<b>FOR OFFICE USE ONLY</b>
TC# _____
RECEIVED: _____
DISTRICT _____

## REQUEST FOR TRAFFIC CONTROL DEVICES

APPLICANT MUST COMPLETE ALL PORTIONS OF THIS APPLICABLE SECTION BEFORE THE REQUEST CAN BE CONSIDERED BY THE TRAFFIC REVIEW COMMITTEE. A SEPARATE REQUEST FOR TRAFFIC CONTROL DEVICES FORM MUST BE COMPLETED FOR EACH REQUEST SUBMITTED.

### PARKING RESTRICTION REQUEST

<b>RESTRICTION REQUESTED:</b>	<input type="checkbox"/> <b>NO PARKING ANYTIME</b>	<input type="checkbox"/> <b>NO PARKING RESTRICTED HOURS</b>	<input type="checkbox"/> <b>RESIDENTIAL PERMIT PARKING ONLY</b>	<input type="checkbox"/> <b>LOADING ZONE</b>	<input type="checkbox"/> <b>SCHOOL ZONE</b>
-------------------------------	--	---	---	--	---

I REQUEST THAT PARKING BE RESTRICTED ON THE \_\_\_\_\_ SIDE OF  
(NORTH, SOUTH, EAST, WEST)

\_\_\_\_\_ BETWEEN \_\_\_\_\_ AND  
(STREET) (STREET, DRIVEWAY, ALLEY)

\_\_\_\_\_ FROM \_\_\_\_\_ A.M. TO \_\_\_\_\_ P.M.  
(STREET)

LIST IF / WHEN POLICE WERE NOTIFIED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Use the reverse side of this form to obtain signatures from residents on the block who agree with your request.

**Person Making Request / Spokesperson:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Return Completed Form To: Village of Oak Lawn  
Attn: Traffic Review Committee  
9446 Raymond Avenue  
Oak Lawn, Illinois 60453

