THE VILLAGE OF
OAK LAWN

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.

STOP SIGN REQUEST

REASON FOR REQUEST:	☐ HIGH ACCIDENT RATE	☐ HIGH TRAFFIC VOLUME	☐ DESIGNATED SCHOOL CROSSING	☐ POOR VISIBILITY	☐ OTHER
LIST THE INTERSECTION AND DIRECTION TRAFFIC IS REQUESTED TO STOP					
DIRECTION OF TRAFFIC		**STREET TO STOP AT**		**CROSS STREET**	

LIST IF / WHEN POLICE WERE NOTIFIED: _____

_____

COMMENTS: _____

_____

1.) Stop signs are intended to assign right-of-way at an intersection.
2.) Many people believe that forcing motorists to stop at each intersection will decrease overall speed.
3.) Most motorists accelerate between intersections to make up for the time lost at stop signs.
4.) Inappropriate installation of extra stop signs may cause additional problems such as more rear-end collisions.
5.) Stop signs should only be installed if warranted. The use of traffic counts, accident reports, traffic speed studies and sight distance measurements are a few of the warrants.
6.) By following the appropriate steps prior to installing stop signs, their use, and location may reduce accidents and properly regulate traffic through an area. Improper signing and ignoring the warrants creates dangerous conditions for both motorists and the responsible Municipality.

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

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

PETITION

REQUEST: _____
_____
_____
_____
_____

(ONLY ONE SIGNATURE PER ADDRESS)

<u>**NAME**</u>   <u>**ADDRESS**</u>

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