



Kimberly H. Robinson, MUP
Executive Director

Daily Traffic Count Request Form

Traffic Count Request Data

Community Name: _____

Contact Person: _____ Phone #: _____

Count Location: _____ ex. Main Street
This is the street that you wish to collect data for and that the counter is physically applied to.

Oriented: North of South of East of West of

Landmark/Reference Point: _____ ex. Blue Street
This is the street or landmark that will designate the relative position of the counter.

Using the examples shown, The community would be requesting a count on Main Street, in any direction related to Blue Street.

Count Type (choose one):

<input type="checkbox"/> Volume
<input type="checkbox"/> Speed
<input type="checkbox"/> Classification (truck count)

Count Duration (check all that apply)

<input type="checkbox"/> 48 hour
<input type="checkbox"/> week long
<input type="checkbox"/> other _____

Description of Request:

(please include all pertinent information on the count location, current problems experienced, dates and times when counting should or should not occur)

Signature of (Chief Elected Official only): _____

Date: _____

Under PVPC's current policy, each community is eligible to receive up to two free traffic counts per federal fiscal year. Communities will be charged for additional counts to defray PVPC's operating expenses. Please contact Amir Kouzehkanani with any questions regarding the traffic counting procedure.