

Request for Stop Sign Evaluation

Prior to initiating a stop sign warrant study as provided for in the MUTCD, signatures must be received from fifteen (15) individual property owners living within 0.5 miles of the affected area, including a resident who is designated as the primary point of contact. The primary point of contact may serve as one of the fifteen residents required to fill out the form. The request must be submitted in writing to the City at 950 N 5th Street, Festus MO 63028. **Any forms which do not comply with these requirements will not be accepted.**

Upon receipt and verification of this request, the City shall carry out the Stop Sign Evaluation Process, as outlined in the City's Traffic Management Policy, City Code and the Manual on Uniform Traffic Control Devices (MUTCD).

Intersection of Requested Stop Sign Evaluation: _____

Primary Point of Contact: _____

Name (Please Print Legibly)

Phone Number

Email Address

#	Name (Please Print Legibly)	Street Number / Name	Email Address	Signature
1				
2				
3				
4				
5				
6				
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8				
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10				
11				
12				
13				
14				
15				

Additional signatures may be obtained, you may attach a separate sheet of paper or use the back of this form.

Return this completed form and any other attachments to the City of Festus, **Attn: Public Works Director**