



Stop Sign or Speed Zone Change Request

Requesting Party Name: _____

Property Address: _____

Daytime Phone #: _____ Evening Phone #: _____

Email: _____

Type of Request: _____ New Stop Sign _____ Change in Speed Zone

Location of Issue (please be specific): _____

Please briefly describe the reason for your request (attach additional sheets as needed):

Is this a new situation? Has anything significant changed recently that may have prompted your request?

Does the issue you have observed seem to occur in any sort of pattern (such as immediately before & after school hours or only late at night)?

What is your preferred outcome to this request (such as installation of a four-way stop or a reduction in speed limit)?

When is the best time to contact you? _____

What is your preferred method of contact? _____

****Your request will be evaluated by the City based on the guidelines of the U.S. DOT's Manual on Uniform Traffic Control Devices. It may take up to a month to review your request and develop a recommendation to the City Council.****

Remit completed form to:

City of Indianola
Clerks Office
PO Box 299
110 N 1st Street
Indianola IA 50125

Or via email to: Requests@indianolaiowa.gov