

CITY OF EL PASO

Neighborhood Traffic Management Program Express/Individual Application

Complete and submit to: City of El Paso, Traffic Engineering Division
#2 Civic Center Plaza, 6th Floor
El Paso, Texas 79901

Contact person _____

Address _____

Daytime phone(s) _____

Date _____

Street/location of traffic concern

Specific type of concern (i.e. speeding, cut-through traffic, accidents, etc
Please describe in as much detail as possible, including day and time of
incidents).

I/we understand that the program decisions are made at the discretion of
the City of El Paso's Traffic Engineering Division, in accordance with
established criteria, applicable engineering standards, and the availability
of funding.



