

**VILLAGE OF MORTON GROVE
TRAFFIC SAFETY COMMISSION**

**REQUEST FOR REVIEW
(Parts A and B to be completed by Requestor)**

PART A:

1. Name _____
2. Address _____
3. Phone No. _____
Signature Here _____

PART B:

Describe nature of request:

- a) What is being requested?

(Attach additional sheets if necessary.)

- b) What are the reasons for the request?

(Attach additional sheets if necessary.)

- c) If the request involves traffic control signs, signals or parking restrictions, please attach a petition signed by neighbors or adjacent businesses indicating support for the request.

Upon completion the form should be returned to:

**Traffic Safety Commission
Village of Morton Grove
7840 Nagle Avenue
Morton Grove, Illinois 60053**

You will be notified as to the time and date the Commission will review your request.

Part C (Office Use):

Date Received: _____
Scheduled for Commission Meeting of _____
Date of Notification to Requestor: _____
Commission Action: _____

Board of Trustees Action: _____
