



**Town of Farragut
Traffic Calming Application
NON-HOA REPRESENTED**

Date of Application: _____
Subdivision Name: _____
Point of Contact (POC): _____
POC Address: _____
POC Email Address: _____
POC Phone: _____

Please list names, addresses, email addresses and/or phone numbers of *each* homeowner in the affected area (immediate area on or around the subject streets; consult the Engineering Dept. for determination):

Please list the street(s) in which the residents believe warrant traffic calming measures:

Please illustrate the affected area(s) below or attach a detailed diagram with key addresses/reference points: