

# Speed Study Request

Date: \_\_\_\_\_

<b>Applicant:</b>	
Name:	_____
Address:	_____ _____
Phone:	_____
Email:	_____

<b>Township:*</b>	
Support	_____
Oppose	_____
Supervisor:	_____
Address:	_____ _____
Phone:	_____
Email:	_____

Road Name: \_\_\_\_\_

Requested Speed Limit: \_\_\_\_\_

Cross Roads: \_\_\_\_\_

and \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE - Internal Use Only

Current Speed Limit: \_\_\_\_\_

Roadway Width: \_\_\_\_\_

Recommended Speed Limit: \_\_\_\_\_

Roadway Type: \_\_\_\_\_

Number of Driveways: Residential \_\_\_\_\_

Primary \_\_\_\_\_ Local \_\_\_\_\_

Commercial \_\_\_\_\_

Comments:

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Reviewed By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\* - Township approval is required before the Road Commission will request a speed study from the Michigan State Police.