New Milford Traffic Authority
Sign Request Form

Date:_____

Name: _____
Address:_____

_____
New Milford, CT 06776

Telephone #
Home:_____ Work: _____

Type of Sign(s) Requested: _____

_____

Keep in mind, that Regulatory signs may require studies by the Town Engineer, Safety Unit, or State regulatory agencies. These include Speed Limit, Stop, Parking, or any sign for which one can be ticketed if ignored. These studies take time. However, Serious Safety issues should be addressed quickly.

Is this a Serious Safety Issue? _____YES _____NO

Proposed LOCATION of sign: Please be as specific as possible. (Please print clearly)

_____

_____

_____

_____

_____

_____

_____

_____

Attach Additional information, maps, or drawings to help explain your request.

Requested by
Signature: _____

FOR TOWN USE ONLY

Date Received: _____

Date

Forwarded to : ___Town Engineer _____

___ Safety Unit _____

___ Traffic Authority _____

Action Indicated :

_____

_____

_____

_____

_____

Action Taken : Date: _____

_____

_____

_____

_____

_____

Attach additional information as necessary.

Action completed by: _____
Returned to Traffic Authority - Date: _____

Mail Form to :
TRAFFIC AUTHORITY
TOWN OF NEW MILFORD
10 MAIN STREET
NEW MILFORD, CT 06776