



SPEED HUMP APPLICATION AND PETITION

REQUESTOR'S NAME/ORGANIZATION: _____

CONTACT ADDRESS: _____

PHONE NUMBER: _____

EMAIL CONTACT: _____

PHYSICAL LOCATION (Location where speed hump is requested. If possible, please submit an aerial drawing.):

Please refer to the approved Town of Smyrna Policy on Traffic Calming Devices (Speed Humps). If you have any questions, please contact the Public Works Department at 615-459-9766. Submit in person or over email to:
tammie.mitchell@townofsmyrna.org

Signature: _____

Printed Name: _____

Date: _____

