



**Interdepartmental Traffic Committee
Citizen Concern Request
City of Newport**

Name of Petitioner:

Address of Petitioner:

Phone Number(s)

Email Address:

Location of Concern (Please be specific):

Specifics of Concern (Nature of Concern; Time of Day; Duration; Seasonal Issue; etc.):

Official use only

Date received: _____

Reviewed at ITC Meeting: _____

Please attach additional sheets, if necessary. Also, please include a sketch or drawing of the area (or images of the concern) highlighting any important information.

All petitions should have names and addresses of petitioners. If applicable, *copies* of petitions should be attached to this request.

**Please submit this form to the Department of Public Services at
280 Spring Street, Newport, RI 02840 or Fax (401) 842-6919.**