Date Received	Item #

COUNTY OF SAN MATEO DEPARTMENT OF PUBLIC WORKS ROAD OPERATIONS – PERMITS COUNTY GOVERNMENT CENTER 752 Chestnut St Redwood City, CA 94063



## **County of San Mateo Traffic Control Request Application**

(Traffic Signs)

Contact information (Please type or print clearly):		
Nam	e	
Addr	ress	
City		
Telep	phoneEmail Address	
Site 1	Information (if different from address):	
Stree	t Address or Nearest Intersection:	
Brief	Statement of Problem:	
Traff	ic Control Sign: (check one of the following)	
□ Re	op Sign stricted Movement. (Please specify) eed Limit (Please specify) arning Sign (Please specify) her	
	For Office Use Only	
	Site Visited GIS Map reviewed and updated as required Staff □ approved □ denied because	
П	Board Approval Date	