RI

ROCK ISLAND
ILLINOIS

Stop Sign Request

Residents that would like to have a stop sign installed must submit a petition in support of the request.

CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail: _____

Where would you like the Stop sign installed? (example: name the intersection XX Street XX Avenue)

_____

_____

Give a description of the current intersection:
(example: three-way traffic, four-way traffic)

_____

_____

Which direction would you prefer traffic to stop?
(example: north bound, south bound, east bound, west bound, north and south bound, east and west bound, etc.)

_____

_____

List the reason for the request to install a Stop sign(s) at this intersection: (please give specific details)

_____

_____

_____

_____

_____

_____

Stop Sign Request
Neighborhood Petition

NAME please print	ADDRESS please print

Please e-mail ALL PAGES of the Stop Sign Request to pubworksmail@rigov.org
or mail to the City of Rock Island, Public Works Department, 1309 Mill Street, Rock Island, IL 61201.