



**CITY OF LARGO  
TRAFFIC CALMING AND SPEED LIMIT REDUCTION  
PROGRAM**

**PROJECT APPLICATION FORM:**

Street Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Local Address: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_

Do you have an active Homeowner's Association?  Yes  No

If you answered yes, you must have the endorsement of the Homeowner's Association

Name of Homeowner's Association \_\_\_\_\_

Describe the location of your traffic problem. Include the worst problem area and the effects of the problem. Include street names and any other pertinent information that will assist us in understanding the problem.

Place a check mark next to all that apply. Include a brief description to help us better understand your problem.

Speeding \_\_\_\_\_

Traffic Volume \_\_\_\_\_

Accidents \_\_\_\_\_

Other \_\_\_\_\_

**Please return the complete application form to:**

**The City of Largo  
Engineering Services Department  
201 Highland Avenue  
Largo, FL 33779  
Telephone: 727-587-6713**