



Application Form

This application must be completed in full. The form must include the names, addresses and signatures of no less than 10 adults, 18 years of age and over, residing in 10 separate households in the area to be monitored by Speed Watch.

A minimum of two signatories must be willing to act as the lead contacts for the Speed Watch program. These volunteers will be responsible for sign-out, care and use of the Speed Watch equipment, communicating with City employees and the Greater Sudbury Police, and coordinating volunteer efforts in their neighbourhood.

Please indicate on this form whether volunteers will allow access to their driveways and properties for the Speed Watch program and/or for enforcement purposes.

Clearly describe the traffic situation that will be monitored, where the situation occurs and at what time of day the situation occurs.

Return this application to: Traffic and Transportation, City of Greater Sudbury, 1800 Frobisher Street, Sudbury, Ontario, P3A 5P3. Our offices are located on the main floor, open Monday to Friday from 8:30 a.m. to 4:30 p.m.

Greater Sudbury's Traffic and Transportation section will review each application. Lead contacts will be notified of results.

Describe the traffic problem that will be monitored by the Speed Watch program on this application:

The Speed Watch program will monitor traffic at the following location:

The Speed Watch program will monitor traffic at the following times:

From _____ to _____

The following adults, 18 years of age and over, support the above described Speed Watch program:

Lead Contacts:

Name _____

Address _____

City _____ Postal Code _____

Telephone number: (daytime) _____ (evening) _____

Signature _____

Will allow access to driveway/property for Speed Watch program and/or enforcement purposes Yes No

Name _____

Address _____

City _____ Postal Code _____

Telephone number: (daytime) _____ (evening) _____

Signature _____

Will allow access to driveway/property for Speed Watch program and/or enforcement purposes Yes No

List 10 Neighbourhood Volunteers Who Will Participate in the Program

(Total includes the Lead Contacts.

You may attach the names of additional volunteers if more than 10 wish to participate.)

	Name	Address	Phone
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Received by: _____

Date: _____