

Speed Study Request

Date: _____

Applicant:	
Name:	_____
Address:	_____ _____
Phone:	_____
Email:	_____

Township:*	
Support	_____
Oppose	_____
Supervisor:	_____
Address:	_____ _____
Phone:	_____
Email:	_____

Road Name: _____

Cross Roads: _____ and _____

DO NOT WRITE BELOW THIS LINE - Internal Use Only

Current Speed Limit: _____

Roadway Width: _____

Recommended Speed Limit: _____

Roadway Type: _____

Number of Driveways: Residential _____

Primary _____ Local _____

Commercial _____

Comments:

Reviewed By: _____

Title: _____

Date: _____

* - Township approval via formal resolution is required before the Road Commission will request a speed study from the Michigan State Police. Please refer to MCL 257.628(1) for statutory authority regarding speed limits.