



**CITY OF COLTON
PUBLIC WORKS DEPARTMENT
TRAFFIC SAFETY COMMITTEE**

Please describe the concern that you wish to have reviewed by the Traffic Safety Committee.

Location

(Please be as specific as possible)

Time of Day:

(If this is an ongoing problem)

Name: (If response is required) _____

Address: _____

Telephone: _____

Date: _____

Traffic Committee

CITIZEN ADVISED: Yes No

Action Taken: - _____
