

**CITY OF GULF BREEZE
TRAFFIC QUESTIONNAIRE**

CONTACT NAME: _____ PHONE: _____ DATE: _____

ADDRESS: _____ EMAIL: _____

Additional sheets may be attached to further describe the traffic problem.

1. Describe the location of the traffic problem, including the area affected and the effects of the problem. Include street and intersection names, etc.

2. Identify your area's traffic problems by checking all the issues below that you feel apply.

- _____ Speeding
- _____ Parking
- _____ Accident problems
- _____ Danger to pedestrians, bicyclists, etc. using street or sidewalk
- _____ Danger to pedestrians, bicyclists, etc. crossing streets
- _____ Difficulty leaving/entering your driveway or street
- _____ Traffic volume
- _____ Traffic noise
- _____ Noise (please explain) _____
- _____ Other (please explain) _____
- _____
- _____
- _____

3. Describe who you feel is involved. For instance, does a particular driver seem to be the problem, a certain kind of driver, or most drivers?

4. Who is affected? What neighborhood users are concerned (pedestrians, homeowners, etc.)?



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