



**TOWN OF MOUNT GILEAD
APPLICATION FOR
RESIDENTIAL SPEED HUMP**

NAME/ADDRESS: _____

RESIDENTIAL STREET NAME: _____

STREET LENGTH: _____

NUMBER OF STREET HUMPS REQUESTED: _____

PLEASE DRAW A DIAGRAM IN THE BOX BELOW OF THE STREET IN QUESTION INCLUDING STREET NAMES AND INTERSECTIONS AND LENGTH OF STREET. PLEASE SHOW PLACEMENT OF PROPOSED STREET HUMPS.

PLEASE GIVE A BRIEF EXPLANATION/REASON FOR PLACEMENT OF SPEED HUMPS:

**PLEASE ATTACH A COPY OF THE SIGNED PETITION BY AT LEAST 75% OF HOMEOWNERS.
APPLICATION WILL NOT BE CONSIDERED WITHOUT SIGNED PETITION.**

SIGNATURE OF APPLICANT

DATE

ADMINISTRATIVE USE ONLY:

DATE REVIEWED BY BOARD: _____

_____ APPROVED

_____ DENIED