

**Metro Neighborhood Traffic Management Program  
Program Application Form**

Contact name(s) \_\_\_\_\_ Day phone \_\_\_\_\_

Contact name(s) \_\_\_\_\_ Day phone \_\_\_\_\_

Neighborhood Association \_\_\_\_\_ Today's date \_\_\_\_\_

**Which neighborhood street(s) are primary concerns?**

Street	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____

**How many households does your association represent?** \_\_\_\_\_

**How often does your Association Board meet?** \_\_\_\_\_

**Where does your Association Board meet?** \_\_\_\_\_

**How often does your Whole Association meet?** \_\_\_\_\_

**Where does your Whole Association meet?** \_\_\_\_\_

**Please return the completed application form via postal mail to:**

**Metro Department of Public Works  
Traffic Calming Office  
Attention Benny Word  
730 South 5th Street  
Nashville, TN 37206**

or in an e-mail attachment to [customer-care@nashville.gov](mailto:customer-care@nashville.gov) , Attention - Benny Word.

**Or call 880-1659 for more information.**

**I have read and understand the guidelines of Metro Neighborhood Traffic Management Program. I have further reviewed the program with the association board.  
Our neighborhood association wishes to become an active participant in this program.**

**Association President** \_\_\_\_\_  
**Signature**

**Date** \_\_\_\_\_

**Metro Nashville Neighborhood Traffic Management Pilot Program**