



**PETITION FOR TRAFFIC STUDY**  
(must type or print)

Filer: \_\_\_\_\_ Date: \_\_\_\_\_

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Location/Intersection for traffic study: \_\_\_\_\_

Petition summary and background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action(s) requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does this street traffic issue substantially affect the livability and safety of the community?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructions pursuant to City Code Sec. 2-298(18):**

1. Filer must:
  - a) Verify street and/or intersection are within the City of Wilmington limits.
  - b) Check that street and/or intersection is owned by the City of Wilmington and not DELDOT.
2. Provide sufficient details regarding the exact street traffic issue and how it substantially affects the liability and safety of the community.
3. Provide 2 or more pictures and/or video(s) of the street traffic issue, taken at different locations and vantage points on the street.
4. The petition form must be signed by 25 or more residents that are on census tract for location/intersection.
5. Send completed petition through electronic or standard mail.  
[DPWcallcenter@wilmingtonde.gov](mailto:DPWcallcenter@wilmingtonde.gov)

Department of Public Works, Attn: Commissioner  
800 N. French Street, 6<sup>th</sup> Floor  
Wilmington, DE 19801



**FOR USE BY the City of Wilmington:**

Upon receiving a petition, the reviewer shall determine whether the following are met:

- |  |           |          |
|--|-----------|----------|
| Location is within city limits                         | Yes _____ | No _____ |
| Location is owned by the City of Wilmington            | Yes _____ | No _____ |
| Involves "traffic issues" as defined by Sec. 2-298(18) | Yes _____ | No _____ |
| Concerns residential street traffic issues are defined | Yes _____ | No _____ |
| Petition to conduct traffic study form fully completed | Yes _____ | No _____ |
| 2 or more Photos/Videos provided that identifies issue | Yes _____ | No _____ |
| Any omitted information missing                        | Yes _____ | No _____ |

Approved      Yes \_\_\_\_\_      No \_\_\_\_\_

If no, what is missing or incorrect: \_\_\_\_\_

If yes, contact filer and set meeting date: \_\_\_\_\_