

TRAFFIC DATA COLLECTION REQUEST FORM

For Office Use Only: Firm: _____ Date Sent: _____ Count Number: _____
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Requested By: _____ Date: _____

Organization (region/division/other): _____

A. Count Information

Type of Count: 8-hour 12-hour 16-hour

Times of Count (if not a 16-hour count): _____ am pm _____ am pm

Turnaround Time: 1 week (expedite) 2 weeks (standard) Other (____ weeks)

Does school need to be in session? Yes No

School(s): _____

Comments: _____

B. Location Information

Division: ____ County: _____ City: _____

Location Description: _____

Estimated Total Entering Volume: _____

C. Justification

Reason:
 Congestion Delay Detour Development Crash History Fatal Crash
 HSIP Location Other:

Purpose:
 Auxiliary Lanes Crosswalk Flasher Four-Way Stop Signal Coordination/Progression
 Signal Installation Signal Removal Signal Timing/Phasing Other:

D. Project and Billing Information

Project: _____ WBS element (or other billing source): _____

Please attach a legible map with a circle indicating the location to be counted. For any location that is not a standard tee or crossroad type and/or requires movement counts other than the normal left, through, and right counts for each approach, please attach a sketch showing the movements that need to be counted.

Approved: _____ (name) _____ (date)