

TRAFFIC DATA COLLECTION REQUEST FORM - DRAFT

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

Organization (region/division/other): _____

A. Type of Data Collection

Turning Movement: _____ 16-hour 12-hour 8-hour
(includes vehicle classification)

Volume: _____ 48-hour 24-hour Other
(includes lane, direction, and classification)

Speed: _____
(includes average, mean, pace, etc.)

Other: _____ Delay Travel Time Trip Length
_____ Occupancy Origination/Destination

Times of collection (if not standard): _____ 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

Division: _____ County: _____ City: _____

Location Description: _____

Estimated Total Volume: _____ v.p.d.

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C. Justification

Reason:

- Congestion Delay Detour Development Crash History Fatal Crash
- HSIP Location Planning/Forecasting
- Other:

Purpose:

- Pedestrian Signal Stop Sign (two-way) Stop Sign (4-way)
- Auxiliary Lanes Crosswalk Flasher Signal Coordination/Progression
- Signal Installation Signal Removal Signal Timing/Phasing
- Other:

D. Project and Billing Information

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

E. Notes

1. Please attach a legible map with a circle indicating the location.
2. For turning movement counts, please attach a sketch showing the movements that need 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.

Requestor: _____ (signature) _____ (date)

Approved: _____ (name) _____ (date)

_____ (signature)