

# No Through Truck Restriction Application

Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Requested location: \_\_\_\_\_

Request for a No Through Truck Restriction **MUST** meet the following criteria:

- Roadway Classification (based on City of Alexandria Roadway Classification Map)
  - Local Road
  - Residential Collector
- Reasonable Alternate Route Available
- Cannot have been applied for and denied within the past five years

**AND** at least 1 following criteria:

- Truck Volume -at least 5% of total daily traffic volume
- Crash history (of crashes involving at least one truck)
  - At least 1 crash in previous 3
- Safety concerns
  - Lane widths or travel way less than 10' in one direction
  - Tight radius curves/corners that cannot be navigated by trucks

<b>Petition</b>					
Number	Name	Address		Support	
		Number	Street name	Yes	No
1					
2					
3					
4					
5					
6					
7					
8					
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10					
11					
12					
13					
14					
15					