

Application No. _____

Department of Public Works
KAUA'I COUNTY'S SPEED HUMP PROGRAM

APPLICATION

Name of Street: _____ Limits: _____

Tax Map Key: (4) _____ - _____ - _____ : _____ Community: _____

Subdivision Name: _____

Designated Neighborhood Representative: _____

Signature

Address: _____

Phone Number: _____

Fax Number: _____

Attach Location Map or Tax Map

DO NOT WRITE BELOW

For Office Use Only

Number of Property Owners polled: _____ Number of Property Owners Abutting Street: _____

For: _____ Against: _____ Abstain: _____

Percentage in favor for speed hump installation: _____ %

Date hump location marked: _____