

CITY OF MOSCOW, IDAHO
Application for Traffic Control Device

Date _____ No. _____

Application made by _____ Phone _____

Drawing of Control Device: (circle part of drawing which applies)

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Reasons for requesting Control Device and Type Requested:

Application Approved by: _____

Reasons for not approving: _____

Public Works Committee Yes No Date _____

City Engineer Yes No Date _____

Device Installed or Action Taken:

By: _____ Date: _____