TORONTO - Official Petition

Date: _____

We, the residents of _____ request that you investigate the feasibility of implementing (select one):

[] Permit Parking [] Traffic Calming [] Turn/Entry Restrictions
[] Other (Please Specify): _____

PLEASE PRINT CLEARLY AND LEGIBLY

FULL NAME	ADDRESS including POSTAL CODE	E-MAIL *(optional)*	PHONE *(optional)*

Please check www.michaelwalker.ca for the status of your request. All updates will be posted as soon as they are available.