



Date Received: _____

Item #: _____

CITY OF CAMILLA ~ DEPARTMENT OF PUBLIC WORKS
465 Bay Street-Camilla, Georgia 31730

City of Camilla Traffic Sign Request Application

Contact information (Please type or print clearly):

Name: _____

Address: _____

City: _____

Telephone: _____ Email Address: _____

Site Information (if different from address):

Street Address or Nearest Intersection: _____

Brief Statement of Problem: _____

Traffic Control Sign: (check one of the following)

Stop Sign

Restricted Movement. Please specify: _____

Speed Limit. Please specify: _____

Warning Sign. Please specify: _____

Other. Please specify: _____

For Office Use Only

Staff: Site Visited GIS Map reviewed and updated as required

Staff: Approved Denied (provide reason): _____

City Manager Approval Date: _____

Send to: City of Camilla – P.O. Box 328 – Attn: Public Works Dept./Traffic Control – Camilla, Georgia 31730