LEXINGTON
TRAFFIC SAFETY REQUEST FORM

c/o Police Department/Traffic Enforcement Unit
1575 Massachusetts Avenue
Lexington, MA 02420

Please complete this form and return via email to moconnell@ci.lexington.ma.us or mail a hard copy to the Police Department at the address listed above. You will be contacted when an assessment is completed.

Contact Name: ……

Phone: ……

Address: ……

Date: ……

E-Mail: ……

Location of Traffic Safety concern (please be specific):

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What concerns do you have with this location?

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What solutions do you feel would address your concerns?

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********** OFFICE USE ONLY**********

Date Received _____

Date Responded_____

Status_____