



**Department of Public Works**  
**Attn: Engineering Manager**

301 Washington Avenue  
 Bay City, MI 48708

Email: [rphillips@baycitymi.org](mailto:rphillips@baycitymi.org)

## Request to Change Traffic Control Conditions

### Applicant Information

Name	Phone	Email		
Street Address	City	State	Zip	

### Traffic Control Information

Type of Traffic Control Requested (Sign, Parking, etc.)	Street Location (Address, Intersection, Block, etc.)
Description and Reason for Traffic Control Requested (Attach maps or further information to this form)	

Applicant Signature	Date
---------------------	------