



**TOWN OF RAYMOND
HIGHWAY SAFETY COMMITTEE
RESIDENT REQUEST FORM**

NAME: _____

ADDRESS: _____

DATE: _____

EMAIL: _____

PHONE: _____

LOCATION: _____

Brief description of the **safety concern** you would like the Highway Safety Committee to review:

Highway Safety Committee Notes: _____

Safety Concern Discussed at the Highway Safety Committee meeting on: _____

Decision Rendered: _____

Action Required: _____