

Public Safety Input Form

Your comments are important to us!

Date: _____ Name (Print): _____

Contact Information: Phone: _____ Cell: _____

Address: _____ e-mail: _____

Signature: _____

Specify Safety/Traffic Concern:

Location – Include exact information (Example: 5th & Dakota S-northeast corner):

*Please take into account certain criteria/guidelines must be met before a yield or traffic sign can be installed.

*All requests will be reviewed by the Public Safety Committee, which meets on the 2nd Tuesday of each month. Include your contact information so that we can respond back with the action taken.

Action taken – Reply date: _____

Return to: Public Safety Committee, Attn: Inspection Dept., PO Box 1369, Huron SD 57350

