

# 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:**

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**Location – Include exact information** (Example: 5<sup>th</sup> & Dakota S-northeast corner):

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\*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 2<sup>nd</sup> Tuesday of each month. Include your contact information so that we can respond back with the action taken.

Action taken – Reply date: \_\_\_\_\_

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

