Crosswalk Closure Documentation Form

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**Background Information:**

*Project Name:* *Project/Permit/TrackIt #:* ­­­­

*Traffic Engineer Name:* *Date:*

*Crosswalk Location/Corridor:*  *Permanent?*  Yes  No

**Reason for Closure:**

Safety

Inadequate sight distance

Dual permissive turns

Crash history

Aligns with high volume driveway

No receiving ADA ramp

Other

Other

Conflict

Center running LRT tracks

Crossing blocked on one side

Other

Consolidation/Organization

Multiple crosswalks due to offset intersection

Unusual intersection geometry

Enhanced crossing on one leg of intersection

Other

**Staff Report and Recommendation:**

**City Traffic Engineer Approval:**

Approved  Not Approved

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

*City Traffic Engineer*

**Approval Comments:** *(Required only if decision does not agree with staff report and/or comes with conditions.)*