



**CITY OF WILLIAMSBURG
REQUEST TO CHANGE - TRAFFIC CONTROL SIGNS,
MARKINGS AND DEVICES**

DATE: _____

NAME: _____ SIGNATURE: _____

ADDRESS: _____ PHONE: _____

Location: (Draw map on reverse side if necessary)

Existing Parking Regulations:

Statement of Problem:

Proposed Change:

CITY ROUTING

Initial

Date

1. Police Department
2. Public Works
3. City Manager