



Traffic Engineering Service Request Form

Complete the form and email it along with any supplemental information to:

Usarmy.scott.artrans.mbx.traffic@mail.mil

Date: _____ Installation: _____ State: _____

Primary Point of Contact Information:

Name: _____ Title: _____

Phone: _____ Email: _____

Alternate Point of Contact Information:

Name: _____ Title: _____

Phone: _____ Email: _____

Current issues and project scope: *Please describe the specific issues impacting the installation. Provide as much detail as possible, for example:*

- **Safety & Delay:** *Excessive intersection delays, high-crash locations, parking issues or pedestrian crossing concerns.*
- **Operational Shifts:** *New or relocated buildings or mission changes that impact on the installation population and/or the traffic patterns within the installation, including gates.*
- **Planning/Design:** *If this request supports a planning charrette or a project in the design stage, please describe the project and its current schedule.*

Required Documentation: *Attach maps, aerial images, or photos of the project areas. Ensure major street names and gates are clearly labeled.*

Study-Specific Requirements:

- **Gate Studies:** *Include an overall map of all gates, their current hours of operation, and the types of vehicles processed at each gate.*
- **Sign Management:** *Provide the approximate number of traffic signs (including street name signs) or the total roadway mileage within the study area.*
- **Pedestrian, Parking, or Corridor Studies:** *Include a map with the desired study area(s) clearly marked.*
- **Intersection Studies:** *For intersection operational issues (including capacity and safety), include a map with intersections and roadways marked.*