

# Sarasota County Community Traffic Safety Team

## ACTION ITEM REQUEST FORM

### Submitter Information

<b>Name:</b>	<b>Date:</b>
<b>Mailing Address:</b>	<b>Telephone Number:</b>
<b>E-Mail Address:</b>	<b>Fax Number:</b>

### Action Item Information

<b>Location With Nearest Intersection: <i>(i.e. Bass Rd, SW 32<sup>nd</sup> Street, or State Road 78)</i></b>

<b>Problem Statement and Proposed Solution <i>(One Issue Per Form. Be Specific / Give facts)</i></b>

<b>Previous Contacts With Other Agencies Concerning This Issue</b>

### Staff Use Only

<b>Action Item Number:</b>	<b>Education Issue:</b>
<b>Date Submitted to Team:</b>	<b>EMS Issue:</b>
<b>Date Submitted to Jurisdiction(s):</b>	<b>Enforcement Issue:</b>
<b>Responsible Jurisdiction(s):</b>	<b>Engineering Issue:</b>

<b>Resolution Proposed by Jurisdiction</b>

<b>Resolution Implemented</b>

Revised 4/14/03

### Send to:

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or

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