## **Government of the District of Columbia**

**Department of Transportation** 



## TRAFFIC SAFETY INVESTIGATION REQUEST

Date:		
Service Request N	Number:	
MAIL OR FORM T	·O:	
District Departme	ent of Transportation	
55 M Street SE, C	S	
Washington, DC 2		
traffic.calming@c	dc.gov	
REQUESTER INFO	RMATION	
Name:		lome #
Cell #		_
Address:	City	y:
Zip Code:		
Email Address:		
-	much information as possible in hazardous condition(s).	order for DDOT to evaluate the potential
Describe the loca	tion and the exact nature of your	concern.


You will receive a letter when it has been determined what type of action and/or measure will be taken with your request based on the investigation conducted. For further questions, please contact DDOT at 202-673-6813.

**d.**Customer Service Clearinghouse

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