



City of Ozark, Missouri

Department of Public Works

REQUEST FOR TRAFFIC COUNTS

Requested Location(s), Provide sufficient detail to pinpoint desired location(s);

Justification;

Name; _____

Phone# _____ **Cell Phone#** _____ **Date;** _____

Public Works comments;

Name; _____ **Date;** _____

Approved **Denied** **Signature;** _____ **Date;** _____