



**LICKING COUNTY AREA
TRANSPORTATION STUDY (LCATS)**
20 South Second Street, Newark OH 43055
740-670-5190
Fax 740-670-5197
www.lcats.org

LCATS TRAFFIC COUNT REQUEST FORM

Information on Requester:

Name: _____ Jurisdiction: _____
Phone: _____ E-mail: _____
Signature _____

Site Information

Location: (i.e. specific roadway, direction, address, etc.) _____

Specific Set-up/Area concerns (i.e. concerns about equipment vandalism, theft, hostile or friendly environment) _____

Reason for request: (Special event/function, school zone, documented/likely speed area, traffic calming technique, etc.) _____

Desired Dates/Times: (i.e. Monday-Friday or weekend location, specific date required or first available, limit of 1 week, etc.) _____

Notification Information:

Name/Title _____
Phone _____
E-mail _____
Address _____

Please Check if you wish for a hard copy of the results

LCATS Office Use Only Below Line

Date and Time Assigned _____
Set-up (Time, Date, Person) _____
Tear-down (Time, Date, Person) _____
Notes: _____
