

CITY OF GUYMON  
TRAFFIC CONTROL REQUEST FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Requested Action (stop sign, yield sign, etc):  
\_\_\_\_\_

Location: \_\_\_\_\_

Reason for request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail to: City of Guymon, 219 NW 4th St, Guymon, OK 73942**

**Fax to: 338-0478** *Janell McKinnon*

**FOR OFFICE USE ONLY:**

Routing: \_\_\_\_\_ Police Chief: \_\_\_\_\_

Public Works Director: \_\_\_\_\_ Street Dept Supervisor: \_\_\_\_\_

Recommendation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City Manager \_\_\_\_\_

Disposition:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Response to Customer by: \_\_\_\_\_