

**APPLICATION
TO MODIFY TIMING OR HOURS OF OPERATION
FOR A TRAFFIC CONTROL SIGNAL**

To: DISTRICT DEPUTY DIRECTOR

Date _____

Ref: Permit No. _____

The incorporated Village of _____ hereby requests authority to modify the timing and/or hours of operation of the traffic control signal at the intersection of _____ Street (State Route _____) and _____ Street (State Route _____), as noted on the attached timing chart.

The change(s) is/are requested for the following reasons:

1. _____
2. _____
3. _____

This application is made with the understanding that, if approved, the signal timing and hours of operation will comply with the timing chart which will be returned with the approved change.

Village of _____

County of _____

(Signature of Elected Official)

To: Village of _____

The attached interval timing and hours of operation dated _____ are herewith approved.

Date

District Deputy Director