Brampton School Traffic Safety Council



Site Inspection Red				Council
Request for site inspection Resident School		her (please sp	ecify)	
Name: Councillor Dhillor)	Date o	f request: <u>November 2</u>	20, 2021
Address: Councillor Dhille			-	
Email:	Phone:		Fax:	
Name of school/intersection				
Reason(s) for request – ch Park and Ride Tr Parking issues Cr Observations:	affic congestion on sch		Ū.	
Note: be specific – include a drawings, diagrams, etc., pla Crossing Guard reqest fo	ease attach another sheet or Mount Royal Circle a	t. and Maisonne	uve	include photos,
left into the school to stu	dents during the morni	ing school arri	val times.	
Have you told anyone at t	he school about of this	s issue? 🛛 🛛 Y	es 🖵 No	
Who did you tell? <u>N/A</u>			When?	
Verbally or in writing? What was the response?	🗅 Verbally 🕒 In wri	ting		
Send completed form to: City Clerk's Office, City of 2 Wellington Street West, Fax: 905.874-2119 Email: of	Brampton, ON L6Y 4R2			
Privacy Statement Personal information is being to communicate with you re by calling 311 (within Bramp statement for more informat	g collected under the auth garding your inquiry. Que ton city limits) or 905.874	nority of the Mu stions about thi	s collection may be direct	ed to our Call Centre
For Official Use Only				
Date of last site inspection: Was this issue addressed in t	nat visit? Yes N	**if less than t	wo years ago, attach copy	of site visit report

Last updated Feb 17/15

No

Yes

By (name):

Response to Inquiry: Date:

Have the recommendations from the site visit been addressed?

Date of committee meeting where this information will be presented: