



**Wyoming County Traffic Safety Board  
c/o Wyoming County Office of Emergency Services  
151 North Main Street  
Warsaw, NY 14569**

**Brian Meyers – Chairman**

**Vacant - Vice-Chairman**

**James Bragg - Secretary**

**Traffic Safety Complaint Form**

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

To: Board Member

From: \_\_\_\_\_  
(Give Name, Address, and Telephone number)

**Condition:**

<input type="checkbox"/> Damaged Traffic Control Device	<input type="checkbox"/> High Accident Location
<input type="checkbox"/> Guide Rail damaged or needed	<input type="checkbox"/> Sign Obscured
<input type="checkbox"/> Pavement markings	<input type="checkbox"/> Parking Restrictions
<input type="checkbox"/> Pavement damaged	<input type="checkbox"/> Construction –improper sign
<input type="checkbox"/> Highway shoulder	<input type="checkbox"/> Unrealistic Speed Zone
<input type="checkbox"/> Blind intersection	<input type="checkbox"/> Flooding Conditions
<input type="checkbox"/> Sign needed _____	<input type="checkbox"/> Other _____

**Location:**

List name of street, road or route number \_\_\_\_\_

List name of Township or Village \_\_\_\_\_

List nearest intersection, highway, milepost or landmark \_\_\_\_\_

List Hazard and Remedial Suggestions \_\_\_\_\_

\_\_\_\_\_

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