



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 _____
