



**City of
Richmond**

**Operational Changes to Traffic Signal
Request Form**
Transportation

6911 No. 3 Road, Richmond, BC V6Y 2C1

www.richmond.ca

Contact 604-247-4616 Email: trafsig@richmond.ca

Requester Information	
Company Name	Address (Billing or Mailing)
Last Name	First Name
Telephone Number	Email
On-Site Contact Information	
Last Name	First Name
Cell Phone Number	Email

Request Details	
Please submit by email to trafsig@richmond.ca a minimum of 4 business days (i.e., Mon – Fri, excluding holidays) in advance.	
Location 1	
Start Date (mm/dd/yyyy)	Start Time (hh:mm AM/PM)
End Date (mm/dd/yyyy)	End Time (hh:mm AM/PM)
Location 2 (If more than 2 locations, specify and number these additional locations in "Summary" section below)	
Start Date (mm/dd/yyyy)	Start Time (hh:mm AM/PM)
End Date (mm/dd/yyyy)	End Time (hh:mm AM/PM)
NOTE: <ul style="list-style-type: none"> The City does not put signals into 4-way flash mode if flaggers at intersection. Instead, signals go dark. Regular staffing hours are 7:00 AM – 5:00 PM on weekdays, excluding holidays. Any work beyond this will incur overtime expenses. On-site electrician requires a minimum of 1 hour advance notice before signal can be reactivated. 	

Summary of Request: *(Type of operational change to traffic signal, direction(s) of travel impacted, details, etc.)*

STOP - Do not complete page 3. Submit form to trafsig@richmond.ca

COST ESTIMATE - FOR INTERNAL USE ONLY	
Assigned Project #	Work Order #
Flat Rate	General Receivable
Description	Cost
Total Estimate:	
Signature of Employee	Employee Number
The costs above reflect the projected duration and scope of traffic signal works performed by the City or its agents based on the applicant's request. This is an estimate only; expenses are billable at actual cost of the work completed. A 20% City administration fee will be added at time of billing.	

Signee Information *(to be completed by applicant after Cost Estimate section is provided by staff)*

NOTE: The person/company listed below will be the party responsible for all charges and payment of the invoice per City payment terms.

Company Name	Project Manager
Billing Address	Reference # or File #
Telephone Number	Email
Applicant Signature	Date