



MPRC Daily Traffic Count Request Form

Community Name: _____

Contact Person: _____ Title: _____

Phone Number / Email Address: _____

Count Location: _____ (ex. Main Street)

Oriented: ☐ North of ☐ South of ☐ East of ☐ West of

Landmark /Reference Point: _____ (ex. Summer Street)

Using the examples shown, the requested count would be on Main Street, in any direction related to Summer Street.

Count Type: ☐ Volume ☐ Speed ☐ Classification or ☐ Turning Movement
(check all that apply)

Count Duration: ☐ 24 hour ☐ 48 hour

Description of Request:

(Please include any related information, problems/concerns at location, ideal dates and times when counting should or should not occur, priority number, etc.)

Signature (Chief Elected Official only): _____

Date: _____

Under MRPC's current policy, each community is eligible to receive up to four free traffic counts per calendar year. Please fax or mail count requests to Sheri Bean at 978-348-2490 or 1427R Water Street, Fitchburg, MA 01420.