



## 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.)

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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 464 Abbott Ave., Leominster, MA 01453.