

# YIELD TO PEDESTRIAN CHANNELIZING DEVICE APPLICATION

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION



DATE	PENNDOT ENGINEERING DISTRICT
REQUESTING MUNICIPALITY/AGENCY	COUNTY
ADDRESS	
CONTACT PERSON	CONTACT PERSON'S PHONE NO.
CONTACT PERSON'S FAX NO.	CONTACT PERSON'S E-MAIL ADDRESS
LOCAL AGENCY/OFFICE/DEPARTMENT/Etc... RESPONSIBLE FOR MAINTAINING THE DEVICES	

Crosswalk Locations (Intersection or Mid-Block) Where Devices Requested	No.	
1.		
Description of the Problem:		
2.		
Description of the Problem:		
3.		
Description of the Problem:		
4.		
Description of the Problem:		
5.		
Description of the Problem:		
6.		
Description of the Problem:		
7.		
Description of the Problem:		
8.		
Description of the Problem:		
9.		
Description of the Problem:		
10.		
Description of the Problem:		
TOTAL NUMBER OF DEVICES REQUESTED		