

BOARD OF SUPERVISORS

CITY AND COUNTY OF SAN FRANCISCO

Request for Review of Municipal Transportation Agency Decision

REQUESTOR NAME:	
REQUESTOR ADDRESS:	TELEPHONE:
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	EMAIL:

DECISION BEING REQUESTED FOR REVIEW
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<p>Decision Authorized by:</p> <p><input type="checkbox"/> Municipal Transportation Agency Board of Directors</p> <p><input type="checkbox"/> Director of Transportation</p> <p><input type="checkbox"/> City Traffic Engineer</p>	<p>Type of Decision Being Requested for Review:</p> <p><input type="checkbox"/> Installing or Removing a Stop Sign</p> <p><input type="checkbox"/> Creating or Eliminating a Preferential Parking Zone</p> <p><input type="checkbox"/> Creating or Eliminating a parking Meter Zone</p> <p><input type="checkbox"/> Adopting a Limitation on the Time Period for Parked Vehicle</p> <p><input type="checkbox"/> Creating or Eliminating a Class III Bikeway or Bike Route</p> <p><input type="checkbox"/> Creating a Pilot/Temporary Program - for all of the above - or Continuing or Substantially Modifying a Pilot/Temporary Program on a Permanent Basis</p> <p><input type="checkbox"/> Creating or Substantially Modifying a Private Transportation Program (that may create/eliminate preferential parking zone)</p> <p><input type="checkbox"/> Implementation of a Bus Rapid Transit project that authorizes preferential access for any part of the street to any vehicle that is not a Municipal Railway, taxi, authorized emergency, or Golden Gate Transit vehicle.</p>
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Required for Filing a Request for Review (including this form):

Five (5) Members of the Board of Supervisors' signatures:

Signature	Supervisor Name

- Copy of the Municipal Transportation Agency's Decision, dated (do not submit supporting MTA documents)
- Supporting Documentation on the Request for Review
- \$250 Appeal Fee (payable to the Clerk of the Board of Supervisors)
- Fee Waiver Form (if applicable)