



Oak Island Police Department

4621 E Oak Island Drive
Oak Island, NC 28465
910-278-5595



TRAFFIC CALMING PROGRAM APPLICATION

Date: _____

Citizen Contact Person: _____

Address: _____

Phone #: _____ Other # or Email: _____

CHECK PRIMARY CONCERN: ☐ Speeding ☐ Cut-Thru Traffic ☐ Truck Traffic

☐ Other: _____

List the street or intersection(s) that you are interested in having evaluated:

Our staff will evaluate your request and notify you if the street or intersection you have identified meets the traffic calming requirements. You will be notified in writing of the outcome within 6-8 weeks from the date the city receives the application request.

Please contact: LT Loyd Hames with any questions at lhames@oakislandnc.gov
Return form to: Oak Island Police Department
Attn: LT Loyd Hames
4621 E Oak Island Drive
Oak Island, NC 28465

This section to be completed by department personnel:

Officer Assigned: _____ Recommendation: _____

Date Assigned: _____