



2021 Traffic Count Request Form

Franklin Regional Council of Governments

Please fill out **one form for each count request location** and return it via mail, fax or email:

Mail: Transportation Planning Engineer
 FRCOG
 12 Olive Street, Suite 2
 Greenfield, MA 01301

Phone: 413-774-3167 ext. 139
Fax: 413-774-3169
E-Mail: lscarbrough@frcog.org

Town Contact Information

Town: _____ Date of Request: _____

Contact (name, title): _____

Phone: _____ Email: _____

Count Request Details

Count Type: 24-hour Roadway Count (volume, class, and speed)
 OR Intersection Turning Movement Count

Road name: _____

Road surface: paved (asphalt or oil & stone) **OR** gravel / dirt

Preferred count location:

between
 roads: _____ and _____

OR near landmark/address: _____

Additional location description (if necessary): _____

Purpose of count; other notes (*e.g. concerned about speeding, include weekend traffic, include bicycles*): _____

Received: