



City of South Gate

8650 CALIFORNIA AVENUE □ SOUTH GATE, CA 90280-3075 (323) 357-9657
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TRAFFIC SERVICE REQUEST APPLICATION FOR INSTALLATION OF HANDICAPPED ZONE

Per Scheduled
Fees
+installation cost

Part I:

Last Name: _____ **First Name:** _____

Street Address: _____

City & Zip Code: South Gate, CA 90280

Telephone #: () _____ **Cell Phone #:** () _____

E-mail: _____

Disabled parking placard # _____ **Expiration date:** _____

Part II:

Is there an existing driveway at this address?
Is there a garage at this address?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Part III:

Please explain why you can not use your driveway or garage to park your vehicle and must have on-street disabled parking zone:

Continue on the back

Part IV:

Please attach proof of disability to this application.

Note: An on-street disabled parking zone can not be reserved for the sole use of an individual and may be used by any person with valid disabled parking placard.

I hereby confirm that the above information is correct. I understand that the details in this application, that I have given, will be checked to determine eligibility.

Signature

Date

