



# City of South Gate

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Fax (323) 563-9572

## **TRAFFIC SERVICE REQUEST APPLICATION FOR MISCELLANEOUS**

**Fee: \$1,047**

+ Installation Cost

### **Part I:**

**Last Name:**

**First Name:**

**Street Address:**

**City & Zip Code:**

South Gate, CA 90280

**Telephone #:**

(     )

**Cell Phone #:** (     )

**E-mail:**

### **Part II:**

Location Request

### **Part III:**

Please describe the problem:

Continue on the back page

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

[illegible]