



# City of South Gate

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## TRAFFIC SERVICE REQUEST APPLICATION FOR STOP SIGN

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:

### 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

