



# City of South Gate

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## **TRAFFIC SERVICE REQUEST APPLICATION FOR FLASHING BEACON**

Fee: \$3,121  
+ Installation Cost  
Est. 7-1-2013

### **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

