



City of South Gate

8650 CALIFORNIA AVENUE □ SOUTH GATE, CA 90280-3075 (323) 357-9657
Fax (323) 563-9572

TRAFFIC SERVICE REQUEST APPLICATION FOR INSTALLATION OF HANDICAPPED ZONE

Fee: \$910
+cost of signs
Est. 7-1-2013

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?	Yes	No
Is there a garage at this address?	<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 _____

