



CITY OF MONTEBELLO

Engineering Division
1600 W. Beverly Blvd.
Montebello CA 90640
323-887-1200 Ext: 460

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TRAFFIC SERVICE REQUEST APPLICATION

- | | | |
|-----------------------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> RED CURB, no parking | <input type="checkbox"/> PAINTED CURB REMOVAL | <input type="checkbox"/> HANDICAP PARKING |
| <input type="checkbox"/> BLUE CURB, handicap parking | <input type="checkbox"/> FLASHING BEACON | <input type="checkbox"/> SPEED BUMPS |
| <input type="checkbox"/> GREEN CURB, time limited parking | <input type="checkbox"/> DELINEATORS | <input type="checkbox"/> STOP SIGN |
| <input type="checkbox"/> WHITE CURB, loading/unloading | <input type="checkbox"/> TRAFFIC SIGNAL | <input type="checkbox"/> CROSSWALK |
| <input type="checkbox"/> YELLOW CURB, loading/unloading | <input type="checkbox"/> SCHOOL SIGNS | <input type="checkbox"/> TRAFFIC CALMING DEVICES |
| <input type="checkbox"/> OTHER: _____ | | |

Applicant's Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Contact person: _____

Address: _____

Description and location of request: _____

Submittal Requirements:

- | | |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Completed Service Request Application | 4. Copy of placard, DMV letter, DL or CA ID, proof of residence, letter from landlord if rental, type of vehicle van or car, garage access yes or no, ramp yes or no. |
| 2. Application Fee | |
| 3. Photographs or diagram/illustration improvements | |

Certification

I hereby certify that I am the applicant, owner or designated agent named here fore, and the statements and answers contained herein and the information attached are in all respects true and accurate to the best of my knowledge and belief.

Signature: _____ Date: _____

DO NOT WRITE BELOW. THIS SPACE FOR STAFF USE ONLY

Date Received: _____ Commission Date: _____

Received By: _____ Total Fee Paid: _____

(NON-REFUNDABLE)

MAKE CHECKS TO CITY OF MONTEBELLO