

CITY OF LOMITA
COMMUNITY SERVICES DEPARTMENT

TRAFFIC INVESTIGATION REQUEST FORM

Lomita Resident / Business owner (or tenant) Name: (please PRINT legibly)

Last Name: _____ **First Name:** _____

Lomita Resident / Business owner (or tenant) Address:

House / Apt / Business number: _____ Street Name: _____

Phone Number: _____ Alternate phone number: _____

Location of traffic-related concern:

Street(s): _____

Intersection of: _____

Description of traffic-related concern:

THIS FORM MUST BE SIGNED BY COMPLAINANT TO BE CONSIDERED FOR REVIEW

Applicant Signature: _____

Date of submittal to COMMUNITY SERVICES DEPARTMENT: _____