



CITY OF FONTANA

Traffic Operations Service Request Form

Contact Information

Name: _____ Date _____
 Street address: _____
 City: _____ State: _____ Zip _____
 Phone number: _____ Fax _____
 E-mail address: _____

New Traffic Control Service Requested

- Stop Sign
- Multi-way stop sign
- Traffic signal
- No parking / stopping zone
- Street light
- Sight distance analysis
- Marked crosswalk
- Crossing Guard

Location of request (please include nearest street address, nearest major cross street and direction as appropriate) _____

Maintenance Requested

- | | | |
|---|---|---|
| <input type="checkbox"/> Out | <input type="checkbox"/> Out / malfunctioning | <input type="checkbox"/> Knocked down |
| <input type="checkbox"/> Cycling on/off | <input type="checkbox"/> Damaged | <input type="checkbox"/> Faded/Vandalized |
| <input type="checkbox"/> Damaged | Pavement Markings | <input type="checkbox"/> Obstructed |
| <input type="checkbox"/> Pole down | <input type="checkbox"/> Faded | |
| <input type="checkbox"/> Other (description of problems not listed) _____ | | |

Reason for request _____

Location of problem (please include nearest street address, nearest major cross street, direction, and pole numbers, etc. as appropriate) _____

Received by _____ Date _____