

REQUEST FOR TRAFFIC DOCUMENTS

Name:	Location : <u>one</u> primary street and <u>one</u> cross street only
Organization:	Primary Street: _____
Address:	Cross Street: _____
Contact Number:	Accident/Citation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Date and Time of Accident or Citation: _____
	Names of Parties Involved in Accident: _____ / _____ <input type="checkbox"/> N/A
Payment: Checks made payable to: LADOT or Credit card payments can be made online at: ladot.lacity.org	
Check No.: _____	

**** Please read the Instructions and Description of Available Documents on page 1 and 2 ****

<u>TITLE OF DOCUMENT</u>	<u>Quantity</u>	<u>COST PER</u>		<u>DATE RANGE</u>	
		<u>DOCUMENT</u>	<u>TOTAL</u>	<u>START</u>	<u>END</u>
History of Signal Maintenance		\$9.00			
Timing Chart		\$5.00		Date : / /	
Signal Plan		\$9.00		Date : / /	
Geometric Plan		\$9.00		Date : / /	
Sign Work Order: Type _____		\$6.00			
Curb Work Order: Type _____		\$6.00			
Pavement Work Order: Type _____		\$6.00			
Signal Work Order (History of Signal Maintenance is required)		\$6.00		Date of service: / /	
T-10		\$11.00			
Speed Survey		\$4.00		Date : / /	
Traffic Signal Symbols		\$1.85		<u>N/A</u>	<u>N/A</u>

TOTAL AMOUNT DUE: \$ _____

Additional Info:

Mail to: L.A. CITY DOT
Traffic control Records
100 South Main Street, 10th Floor
Los Angeles, CA 90012. EMAIL:
ladot.publicrecords@lacity.org.

Due to the technical nature of the traffic documents, **The Traffic Records staff cannot interpret any of the documents.** By signing this document, you have read, understand, and agree to the terms for the requested document(s) checked above.

Signature

Date

OFFICIAL USE ONLY -	Received By: _____	Date Received: _____
Processed By: _____	Date Completed: _____	Receipt Number: _____
Processor Comments: _____		

