

*Please cut and paste the following content on to
LAUSD District or Independent School Letterhead. Save as a PDF*

Date: _____

From: Name _____

Title

School Name

Address (Street, City, Zip Code)

SUBJECT: CROSSING GUARD REQUEST FOR: _____ (School Name) _____

The school administration at _____ (school name) _____ are writing to request a crossing guard for the following crossing and times:

- Intersection of _____ (Street 1) _____ and _____ (Street 2) _____
- _____ leg (North, South, East, West)
- School morning instruction bell: _____ AM
- School afternoon dismissal: _____ PM (regular) and _____ PM (early days)
- Regional LADOT Transportation District Office: _____
 - o Please confirm the Transportation District Office by entering the school address at [City' Neighborhood Information Online Resource](https://neighborhoodinfo.lacity.org/) (or <https://neighborhoodinfo.lacity.org/>)

We understand that the District Engineer will conduct analysis of the requested location to determine the location's eligibility and prioritization rank order. The LADOT Crossing Guard Program will use the ranking of our requested location to determine if there is available guard staff for eligible locations.

If you have any questions, please contact me at _____ (phone) _____ or _____ (email) _____.

We look forward to a response from the LADOT Crossing Guard Division to our request.

Sincerely,

Name, Title