Gated Alley Program Request

Is your neighborhood paying for the gate installation directly (NOT paid by the city)?

YES \square NO \square

Requestor Information	1:		
Neighborhood Organization or Block Watch Group Name: Organization ID			D #:
Primary Contact/Lead	:		
Name:	Contact Phone Number:	Contact Phone Number: Email:	
Mailing Address:			
Secondary Contact/Le	ead:		
Name:	Contact Phone Number:	Contact Phone Number: Email:	
Mailing Address:	·	·	
Do We Qualify? (pleas	se check the answer that applies)		
1. Do the entrances of your alley have fencing or a wall that is at least 5' high on both sides?			YES - NO -
2. Are all of the properties secured from the alley to restrict unwanted access?			YES - NO -
3. Are there irrigation, power poles, sewer, or billboards in the alley?			YES - NO -
4. Do you have trash, recycle, or bulk collection services in your alley?			YES - NO -
5. Do businesses or multi-family properties use the alley for parking or business deliveries?			YES - NO -
6. Do the alley entrances measure between 16' to 20' wide?			YES - NO -
7. How many total alley	entrances are you proposing to gate?		'
	1 □ 2 □ 3 □ 4 □		
alley in your total count for access may be deer	•	es and/or multifamily th	at use the alley
*If it is not operationally	/ feasible to relocate collection services, your	alley may not be eligible.	
Requestor Signature:		Date:	