

From: "Esther Magna" <emagna@msn.com>
To: "Lisa Trifiletti" <Lisa.Trifiletti@lacity.org>, <pchan@dot.lacity.org>
CC: <jldfree@aol.com>, <Tresjoliej@aol.com>, "ScrubsUnlimited" <service@sc...>
Date: 7/10/2007 2:49 PM
Subject: Palazzo Traffic Plan Surveys- Attached
Attachments: Surveys.pdf

Hello Lisa and Pauline,

Attached please find the 70 signed surveys we have received so far. We will receive another 12 or so in the coming weeks. We are pleased with the high level of support given by our neighbors and are ready to move forward with the temporary mitigation for implementation this Fall.

*Communication from the
Public submitted in
Transportation Committee
5/6/09 meeting.
CF 07-3905-S1*

Please call me so we can review the next steps of:

- 1) Releasing the \$50,000 funds to the DOT
- 2) DOT revision of the temp mitigation estimate and initiation of plan preparation
- 3) Our desire to meet with Casden during the week of the 22nd

Kind regards,

Esther Magna

(310) 963-1188

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

PURPOSE: To determine if traffic restrictions shown on the attached Neighborhood Traffic Management (NTM) Maps should be implemented in anticipation of the completion of the Palazzo Development in Westwood Village.

APPROVAL CRITERIA: The traffic restrictions will be implemented during a temporary phase to assess whether they are effective at mitigating traffic. We are conducting this initial poll to assess interest in this program. Before we implement a permanent traffic plan, the City will conduct a formal survey among the affected residents.

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PLEASE ANSWER THIS SURVEY QUESTION

Do you support the implementation of all three temporary traffic restrictions as shown in the NTM Maps, namely: (1) No Straight Through Mitigation at LeConte and Hilgard; (2) No Straight Through Mitigation at Weyburn and Hilgard; 3) a No Left Turn, Southbound at Lindbrook and Hilgard?

YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Sam Boff

Signature: [Signature]

Street Address: 1074 Lindbrook Dr

(No)

(Street)

(Unit No./Pany)

Date Signed: 7/1/07

ADDITIONAL INFORMATION

Daytime Phone No.: _____

Email Address: _____

Check any that applies:

Resident

Renter

Property Owner

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YES, I SUPPORT THE PLAN



**NO, I DO NOT SUPPORT THE PLAN
Please explain why:**

REQUIRED INFORMATION

Name:

GREG BALEN

Signature:

Street Address:

10713 LINDBROOK DR

Date Signed:

7/9/07

ADDITIONAL INFORMATION

Daytime Phone No.:

(310) 678-7324

Email Address:

gsbalen@gmail.com

Check any that applies:

Resident

Renter

Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Diana Gaudin

Signature: [Signature]

Street Address: 10753 Lindbrook Pl
(No) (Street) (Unit No. if any)

Date Signed: 1/15/07

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: ES6MOW10@01.com

Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: <u>ANDREW ANSLER</u>	Signature: <u>[Handwritten Signature]</u>
Street Address: <u>15759 LINDBROOK</u>	Date Signed: <u>7/17/11</u>
(No) (Street) (Unit No. if any)	

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Michael Bowman

Signature: *Michael Bowman*

Street Address: 10740 Lindbrook Pl
(No.) LA (Street) 9623

Date Signed: 7/7/07

(Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: 310-208-7723 Email Address: _____

Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Rosanna McQuinn Signature: [Signature]
Street Address: 10103 Lindbrook Dr Date Signed: 6/1/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: 213.300.6150 Email Address: rosannamc@ylnoo.com
Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Jolie Sashaj

Signature: [Handwritten Signature]

Street Address: 1616 Lindbrook

(No)

(Street)

(Unit No. if any)

Date Signed: 7/1/07

ADDITIONAL INFORMATION

Daytime Phone No.: _____

Email Address: _____

Check any that applies:

Resident

Renter

Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: L. L. JADSON Signature: [Signature]
 Street Address: 10767 Lindbrook Date Signed: 7/9/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: (310) 441-0408 Email Address: _____

Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: RUSSELL A. BAUM

Signature: Russell A. Baum

Street Address: 10715 LINDBROOK DRIVE

Date Signed: July 9, 2007

(No)

(Street)

(Unit No./Fam)

(310) 474-1764

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: John B. Simpson Signature: John B. Simpson
Street Address: 10710 Lindbrook Date Signed: 5/7/07
(No) (Street) (Unit No./Apt)

ADDITIONAL INFORMATION

Daytime Phone No.: (310) 475-1786 Email Address: _____

Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Helen L. Green MD Signature: [Signature]
Street Address: 10701 Lindbrook Vg Date Signed: 7/7/07
(No) (Street) (Unit No. If any)

ADDITIONAL INFORMATION

Daytime Phone No.: 310-474-4024 Email Address: HGREEN@UCLA-EDU
Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: ANNIE BENDER

Signature: [Signature]

Street Address: 10764 ANNAROOK

Date Signed: 4-19-07

(No)

(Street)

(Unit No. If any)

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies: Resident Renter Property Owner

Prepared by HWPOA 05/31/07

Jolie Jashni
310 475 6012
10764 Lindbrook

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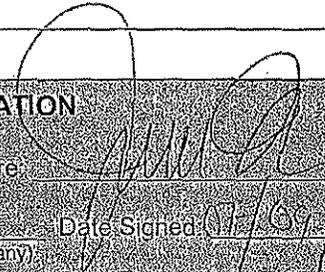
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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

479 9178
Miche

REQUIRED INFORMATION

Name: <u>Taddeo Brooks</u>	Signature: 
Street Address: <u>10743 Lindbrook Dr</u>	Date Signed: <u>07/09/07</u>
(No) (Street) (Unit No. if any)	

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Nancy Pivano

Signature: [Signature]

Street Address: 1277 Lindbrook Drive

(No.)

(Street)

(Unit No. if any)

Date Signed: 7/8/07

ADDITIONAL INFORMATION

Daytime Phone No.: 310-470-9025

Email Address: romina@tracomm.com

Check any that applies:

Resident

Renter

Property Owner

com

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: F. MOSEZADEH

Signature: [Signature]

Street Address: 16717 Lindbrook
(No) (Street)

Date Signed: 5/15/07
(Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: (310) 475 8630

Email Address: _____

Check any that applies:

Resident

Renter

Property Owner

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*we'll give
3 back no
1*

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YES, I SUPPORT THE PLAN
 NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Eary Niebuhr Signature: [Signature]

Street Address: 10801 Lindbrook Dr Date Signed: 6/16/07

(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: 310-470-0073 Email Address: gancormedia@earthlink.net

Check any that applies: Resident Renter Property Owner

Prepared by HWPOA 05/31/07

*Please a printed X walk
across Lindbrook-Hilgard.*

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Andrew Ingrassia

Signature: [Handwritten Signature]

Street Address: 10803 Lindbrook Dr

Date Signed: 5/13/07

(No)

(Street)

(Unit No., if any)

ADDITIONAL INFORMATION

Daytime Phone No.: 310-470-0073

Email Address: mrblgmac@mac.com

Check any that applies:

Resident

Renter

Property Owner

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PLEASE ANSWER THIS SURVEY QUESTION

Do you support the implementation of all three temporary traffic restrictions as shown in the NTM Maps, namely: (1) No Straight Through Mitigation at LeConte and Hilgard; (2) No Straight Through Mitigation at Weyburn and Hilgard; 3) an Eastbound Half-Street Closure at Lindbrook and Hilgard?

YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Michael Hills Signature: [Signature]
Street Address: 10805 Lindbrook St Date Signed: 6/15/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Patricia Allen

Signature: *Patricia Allen*

Street Address: 10805 Lindbrook

Date Signed: 6/15/07

(No.)

(Street)

(Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: 818 990 2768

Email Address: bazzal@earthlink.net

Check any that applies:

Resident

Renter

Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Matt Owen

Signature: [Signature]

Street Address: 946 West Lindbrook Ave

(No)

(Street)

(Unit No. if any)

Date Signed: 6/16/07

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Esther Magna Signature: [Signature]
Street Address: 887 Malcolm Date Signed: 6/9/07
(No) (Street) (Unit No./If any)

ADDITIONAL INFORMATION

Daytime Phone No.: 310 963 1188 Email Address: emagna@msn.com
Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN
with comments attached

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Sam Watkins Signature: [Signature]
Street Address: 900 Malcolm Ave Date Signed: 6/18/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____
Check any that applies: Resident Renter Property Owner

Prepared by HWPOA 05/31/07

please return by 6/20/07
to me: 887 Malcolm Ave
310 963 1188 (Esther)

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Jack + Ann of Brns Signature: [Handwritten Signature]

Street Address: 901 Malcolm Ave Date Signed: 6-8-07
(No) (Street) (Unit No./Apt)

ADDITIONAL INFORMATION

Daytime Phone No.: 310-474-9725 Email Address: _____

Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Esther Chang Signature: [Signature]
Street Address: 907 Malcolm Ave Date Signed: 2/9/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: 310-446-8011 Email Address: _____
Check any that applies: Resident Renter Property Owner

Prepared by HWPOA 05/31/07 .

return to: Esther Magna
887 Malcolm
310 963 1188

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Liza + Stuart White Signature: [Signature]
Street Address: 908 Malcolm Date Signed: June 11, 2007
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: (310) 441-4461 Email Address: liza.white@earthlink.net
Check any that applies: Resident Renter Property Owner

887 Malcolm
310 963-1188

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Joe Livio Signature: Joseph Livio
Street Address: 911 Malcolm Date Signed: 6/12/07
(No) (Street) (Unit No. If any)

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: LARA COHEN

Signature: *Lara Cohen*

Street Address: 914 Malcolm Avenue
(No) (Street)

Date Signed: 6/18/07
(UNIT No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Jacqueline Behling Signature: [Handwritten Signature]
 Street Address: 919 Malcolm Date Signed: 6-8-07
(No) (Street) (Unit No. / Party)

ADDITIONAL INFORMATION

Daytime Phone No.: 310-3654928 Email Address: behlingsj@AOL.COM
 Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

I need Weyburn + LeConte to remain East-West through street even if it means more traffic on my street.

REQUIRED INFORMATION

Name: <u>John Street Maker</u>	Signature: <u>[Signature]</u>
Street Address: <u>925 Malcolm Ave</u>	Date Signed: _____
(No) (Street) (Unit No. if any)	

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: jamaker2001@hotmail.com

Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Allison + Jay Kleckner Signature: [Signature]
Street Address: 926 Malcolm Ave Date Signed: 6/7/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Barry + Mira Kenney

Signature: *[Handwritten Signature]*

Street Address: 929 Malcolm Ave
(No) (Street) (Unit No. if any)

Date Signed: *[Handwritten Date]*

ADDITIONAL INFORMATION

Daytime Phone No.:

310-474-1188

Email Address:

Michelle55@AOL.com

Check any that applies:

Resident

Renter

Property Owner

Return to: Esther Magna
887 Malcolm Ave
310 963 1188

Perkuss

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Dennis M. Perkuss Signature: [Signature]
 Street Address: 932 Marlboro Ave Date Signed: 10/9/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: dennis.perkuss@jud.ca.gov
 Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Warren Kaufman Signature: [Signature]
Street Address: 137 Malcolm Ave Date Signed: 5/31/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: 90 470 6465 Email Address: WKAUFMAN@SBCGLOBAL.NET
Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

(So long as they are temporary.)

NO, I DO NOT SUPPORT THE PLAN

Please explain why:

REQUIRED INFORMATION

Name: *Charles & Karen Rosen* Signature: *[Signature]*
Street Address: *938 Malcolm Ave* Date Signed: *6/21/07*
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

ona temporary trial basis

NO, I DO NOT SUPPORT THE PLAN

Please explain why:

REQUIRED INFORMATION

Name: Tanaka

Signature: *[Signature]*

Street Address: 949 Malcolm Ave

(No)

(Street)

(Unit No. if any)

Date Signed: 1/16/07

ADDITIONAL INFORMATION

Daytime Phone No.: 310-470-4580

Email Address: JET1215C@AOL.COM

Check any that applies:

Resident

Renter

Property Owner

Esther

*887 Malcolm
310 963-1188*

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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Do you support the implementation of all three temporary traffic restrictions as shown in the NTM Maps, namely: (1) No Straight Through Mitigation at LeConte and Hilgard; (2) No Straight Through Mitigation at Weyburn and Hilgard; 3) a No Left Turn, Southbound at Lindbrook and Hilgard?

YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name:

Sarah Booth

Signature:

Sarah Booth

Street Address:

10770 Lindbrook Dr

Date Signed:

7/1/2003

(No.)

(Street)

(Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.:

Email Address:

Check any that applies:

Resident

Renter

Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

PURPOSE: To determine if traffic restrictions shown on the attached Neighborhood Traffic Management (NTM) Maps should be implemented in anticipation of the completion of the Palazzo Development in Westwood Village.

APPROVAL CRITERIA: The traffic restrictions will be implemented during a temporary phase to assess whether they are effective at mitigating traffic. We are conducting this initial poll to assess interest in this program. Before we implement a permanent traffic plan, the City will conduct a formal survey among the affected residents.

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PLEASE ANSWER THIS SURVEY QUESTION

Do you support the implementation of all three temporary traffic restrictions as shown in the NTM Maps, namely: (1) No Straight Through Mitigation at LeConte and Hilgard; (2) No Straight Through Mitigation at Weyburn and Hilgard; 3) an Eastbound Half-Street Closure at Lindbrook and Hilgard?



YES, I SUPPORT THE PLAN



NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name

GREG BALLEN

Signature

Street Address

10743 LINDBROOK DR

Date Signed

7/9/07

(No)

(Street)

(Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.:

(310) 678-7324

Email Address:

gsbalen@gmail.com

Check any that applies:

Resident

Renter

Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Dan Cranley Signature: [Signature]
Street Address: 10753 Lindbrook Pl Date Signed: 7/8/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: ES6MOW10@OL.COM

Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

PURPOSE: To determine if traffic restrictions shown on the attached Neighborhood Traffic Management (NTM) Maps should be implemented in anticipation of the completion of the Palazzo Development in Westwood Village.

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION			
Name: <u>ADRIAN J. KLEIN</u>	Signature: <u>[Signature]</u>		
Street Address: <u>10759 Lindbrook Dr</u>	Date Signed: <u>7/7/11</u>		
(No)	(Street)	(Unit No. if any)	

ADDITIONAL INFORMATION	
Daytime Phone No.: _____	Email Address: _____
Check any that applies: <input type="checkbox"/> Resident <input type="checkbox"/> Renter <input type="checkbox"/> Property Owner	

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Michael Newman

Signature: [Handwritten Signature]

Street Address: 10760 Lindbrook Pl

Date Signed: 7/9/07

(No)

(Street)

(Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: 310-208-7723

Email Address: _____

Check any that applies:

Resident

Renter

Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Rosanna M. [Signature]

Signature: [Signature]

Street Address: 10763 Lindbrook Dr

(No)

(Street)

(Unit No. if any)

Date Signed: 6/7/07

ADDITIONAL INFORMATION

Daytime Phone No.: 213.300.5150

Email Address: rosannam@yahoo.com

Check any that applies:

Resident

Renter

Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Jolie Sashol

Signature: [Signature]

Street Address: 10164 Lindbrook

(No)

(Street)

(Unit No. if any)

Date Signed: 7/7/07

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies:

Resident

Renter

Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: L. Ly Johnson Signature: [Signature]
Street Address: 10769 LeConte Date Signed: 7/9/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: (310) 441-0408 Email Address: _____

Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: RUSSELL A. BAUM Signature: Russell A. Baum
Street Address: 10715 LINDBROOK DRIVE Date Signed: July 9, 2007
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: (310) 474-1764 Email Address: _____

Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Joel B. SIMPSON Signature: Joel B. Simpson
Street Address: 10716 LINDBROOK Date Signed: 7/7/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: (310) 475-1786 Email Address: _____

Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Hazel E. Green Signature: [Signature]

Street Address: 10701 Lindbrook Ave Date Signed: 5/17/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: 310-474-4024 Email Address: HGREEN@UCLA-EDU

Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: ANNIE KENNEDY Signature: [Signature]
Street Address: 10764 LINDBROOK DR Date Signed: 6-19-07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies: Resident Renter Property Owner

Prepared by HWPOA 05/31/07

Jolie Jashni
310 475 6012
10764 Lindbrook

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Tasha Brooks

Signature: [Signature]

Street Address: 10743 Lindbrook Dr

Date Signed: 07/09/07

(No)

(Street)

(Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies:

Resident

Renter

Property Owner

474 9179
Mica

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Nustin P. Poulos

Signature: [Signature]

Street Address: 1797 Lindbrook Dr.

Date Signed: 7/8/07

(No.)

(Street)

(Unit No. if any)

LA, CA

70024

ADDITIONAL INFORMATION

Daytime Phone No.: 310-470-9025

Email Address: romina@trcommercial.com

Check any that applies:

Resident

Renter

Property Owner

com

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: M. SAZADIAN

Signature: [Signature]

Street Address: 15716 Lindbrook
(No.) (Street)

(Unit No. if any)

Date Signed: 5/31/07

ADDITIONAL INFORMATION

Daytime Phone No.:

(310) 475-8630

Email Address: _____

Check any that applies:

Resident

Renter

Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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*will give
3 broch no
1 walk*

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: <u>Eary Niebuhr</u>	Signature: <u>[Handwritten Signature]</u>
Street Address: <u>10801 Lindbrook Dr</u>	Date Signed: <u>6/16/07</u>
(No) (Street) (Unit/No. if any)	

ADDITIONAL INFORMATION

Daytime Phone No.: <u>310-470-0073</u>	Email Address: <u>gancormedia@earthlink.net</u>
Check any that applies: <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Renter <input type="checkbox"/> Property Owner	

*Please a printed X walk
across Lindbrook-Hilgard.*

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Andrew Inaals Signature: [Signature]
Street Address: 10803 Lindbrook Dr Date Signed: 5/13/07
(No) (Street) (Unit/No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: 310-470-0073 Email Address: mrblgmac@mac.com
Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Michael Hites

Signature: [Signature]

Street Address: 10805 Lindbrook Ave

(No)

(Street)

(Unit No. if any)

Date Signed: 6/15/07

ADDITIONAL INFORMATION

Daytime Phone No.: _____

Email Address: _____

Check any that applies:

Resident

Renter

Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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Do you support the implementation of all three temporary traffic restrictions as shown in the NTM Maps, namely: (1) No Straight Through Mitigation at LeConte and Hilgard; (2) No Straight Through Mitigation at Weyburn and Hilgard; 3) an Eastbound Half-Street Closure at Lindbrook and Hilgard?

YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: <u>Patricia Allen</u>	Signature: <u><i>Patricia Allen</i></u>
Street Address: <u>10805 W Lindbrook</u>	Date Signed: <u>6/18/07</u>
(No) (Street) (Unit No. if any)	

*Danny Wilson
Jennifer is daughter*

ADDITIONAL INFORMATION

Daytime Phone No.: <u>818 990 2768</u>	Email Address: <u>bazzal@earthlink.net</u>
Check any that applies: <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Renter <input type="checkbox"/> Property Owner	

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

PURPOSE: To determine if traffic restrictions shown on the attached **Neighborhood Traffic Management (NTM) Maps** should be implemented in anticipation of the completion of the Palazzo Development in Westwood Village.

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Mat O'Neil

Signature: [Signature]

Street Address: 266 West Alameda Ave

(No)

(Street)

(Unit No. if any)

Date Signed: 6/10/07

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: AMN Esther Magna Signature: [Signature]
Street Address: 887 Malcolm Date Signed: 6/9/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: 310 963 1188 Email Address: emagna@msn.com
Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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PLEASE ANSWER THIS SURVEY QUESTION

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YES, I SUPPORT THE PLAN
with comments attached

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Sara Watkins Signature: [Signature]
Street Address: 900 Malcolm Ave Date Signed: 6/13/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____
Check any that applies: Resident Renter Property Owner

Prepared by HWPOA 05/31/07

*please return by 6/20/07
to me: 887 Malcolm Ave
310 963 1188 (Esther)*

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Jack + Hannah + Bins Signature: [Handwritten Signature]
Street Address: 901 Malcolm Ave Date Signed: 6-8-07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: 310-474-9725 Email Address: _____

Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Esther Chang Signature: [Signature]
Street Address: 907 Malcolm Ave Date Signed: 6/1/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: 310-446-8011 Email Address: _____

Check any that applies: Resident Renter Property Owner

return to: Esther Magna
887 Malcolm
310 963 1188

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Liza + Stuart White Signature: [Signature]
Street Address: 908 Malcolm Date Signed: Jan 11, 2007
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: (310) 441-4461 Email Address: liza.white@earthlink.net
Check any that applies: Resident Renter Property Owner

887 Malcolm
310 963-1188

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Joe Livio Signature: Joseph Livio
Street Address: 911 Malcolm Date Signed: 6/12/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: LARA COHEN Signature: [Signature]
Street Address: 914 Malcolm Avenue Date Signed: 6/18/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN **NO, I DO NOT SUPPORT THE PLAN**
Please explain why:

REQUIRED INFORMATION

Name: Jacqueline Behling Signature: [Handwritten Signature]
Street Address: 919 Malcolm Date Signed: 6-2-07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: 310-3654928 Email Address: behlingsj@AOL.com
Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

I need Weyburn + LeConte to remain East -> West through street even if it means more traffic on my street.

REQUIRED INFORMATION

Name: <i>9100 Sunset Mtn</i>	Signature: <i>[Signature]</i>
Street Address: <i>925 Malcolm Ave</i>	Date Signed: _____
(No) (Street) (Unit No. if any)	

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: *jmaker2001@hotmail.com*

Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Allison and Jay Kleckner Signature: [Signature]
Street Address: 926 Malcolm Ave Date Signed: 6/7/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Barry J. MacKenney

Signature: [Signature]

Street Address: 929 Malcolm Ave

(No)

(Street)

(Unit No. if any)

Date Signed: 07/10/07

ADDITIONAL INFORMATION

Daytime Phone No.: 310-474-1188

Email Address: Micho55@AOL.com

Check any that applies:

Resident

Renter

Property Owner

Return to: Esther Magnia
887 Malcolm Ave
310 963 1188

K. Kupper

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Dennis M. Perkuss

Signature: *[Handwritten Signature]*

Street Address: 932 Markham Ave
(No) (Street) (Unit No. if any)

Date Signed: 6/9/07

ADDITIONAL INFORMATION

Daytime Phone No.: _____

Email Address: dennis.perkuss@jud.ca.gov

Check any that applies:

Resident

Renter

Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Warren Kaufman Signature: [Signature]
Street Address: 137 Malcolm Ave Date Signed: 5/11/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: 910 470-6465 Email Address: WKAUFMAN@SECULAR.NET
Check any that applies: Resident Renter Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

(So long as they are temporary.)

NO, I DO NOT SUPPORT THE PLAN

Please explain why:

REQUIRED INFORMATION

Name: Charles + Karen Rosen Signature: [Signature]
 Street Address: 938 Malcolm Ave Date Signed: 6/21/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies: Resident Renter Property Owner

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Lawrence R. Han Signature: [Signature]
 Street Address: 983 Malcolm Ave Date Signed: July 4, 2007
(No.) (Street) (Unit No., if any)

ADDITIONAL INFORMATION

Daytime Phone No.: (310) 909-6594 Email Address: lawrencehan@gmail.com
 Check any that applies: Resident Renter Property Owner

Prepared by HWPOA 05/31/07

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN
ona temporary trial basis

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Tanaka Signature: [Signature]
Street Address: 949 Malcolm Ave Date Signed: 1/16/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: 310-470-4580 Email Address: JET1215C@AOL.COM
Check any that applies: Resident Renter Property Owner

Esther

*887 Malcolm
310 963-1188*

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION			
Name	<u>Olinda Marie Sullivan</u>	Signature	
Street Address	<u>952 Marlborough Ave</u>	Date Signed	<u>7/5/07</u>
(NO)	(STREET)	(DATE)	(TIME)

ADDITIONAL INFORMATION	
Daytime Phone No.:	<u>213 407 1928</u> Email Address: <u>OlindaMarie.Sullivan@att.net</u>
Check any that applies:	<input type="checkbox"/> Resident <input type="checkbox"/> Renter <input checked="" type="checkbox"/> Property Owner

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

PURPOSE: To determine if traffic restrictions shown on the attached Neighborhood Traffic Management (NTM) Maps should be implemented in anticipation of the completion of the Palazzo Development in Westwood Village.

APPROVAL CRITERIA: The traffic restrictions will be implemented during a temporary phase to assess whether they are effective at mitigating traffic. We are conducting this initial poll to assess interest in this program. Before we implement a permanent traffic plan, the City will conduct a formal survey among the affected residents.

INSTRUCTIONS

1. Before filling out this Survey Form, please carefully review the attached NTM Map and information sheets which describe the traffic restrictions.
2. Information requested in the shaded area is required. Any Survey Form that contains an unfilled blank or false information in this shaded area will not be considered.
3. Only one Survey Form may be submitted and accepted for each residential unit. Please return this form to your Block Captain.

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN.
Please explain why:

REQUIRED INFORMATION

Name

RUTH COHNEN

Signature

Ruth Cohnen

Street Address:

955 Malcolm Ave
(No) (Street) (Unit No. if any)

Date Signed:

7/5/07

ADDITIONAL INFORMATION

Daytime Phone No.:

310-880-5996

Email Address:

rcohnen@yahoo.com

Check any that applies:

Resident

Renter

Property Owner

return to 887 Malcolm
310 963 1188

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: Sally Hender Signature: Sally Hender
Street Address: 967 Malcolm Ave Date Signed: 6/25/07
(No) (Street) (Unit No. if any)

ADDITIONAL INFORMATION

Daytime Phone No.: _____ Email Address: _____

Check any that applies: Resident Renter Property Owner

Prepared by HWPOA 05/31/07

887 Malcolm
Esther 310-963-1188

SURVEY FORM REGARDING PROPOSED TEMPORARY TRAFFIC RESTRICTIONS

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YES, I SUPPORT THE PLAN

NO, I DO NOT SUPPORT THE PLAN
Please explain why:

REQUIRED INFORMATION

Name: EVAN PITZHAKE

Signature: [Signature]

Street Address: 310 MAZURIA AVE
(No) (Street) (Unit No. if any)

Date Signed: 4/11/07

ADDITIONAL INFORMATION

Daytime Phone No.: 310/475-1106 Email Address: PITZHAKE1@GMAIL

Check any that applies: Resident Renter Property Owner