

**SERVICE AUTHORITY FOR FREEWAY EMERGENCIES (SAFE)
ACTION REQUEST FOR CALL BOXES**

Before doing any work affecting call boxes, please complete this form and fax or mail it at least four weeks in advance to the appropriate county SAFES.

| |
|------|
| Date |
|------|

| | |
|---|---|
| <input type="checkbox"/> For Riverside County call boxes: Phone: (951) 787-7141 Fax: (951) 787-7920 E-mail: jrivera@rctc.org | Mr. Jerry Rivera RCTC Safe Director 4080 Lemon Street, 3rd Floor Riverside, CA 92502-2208 |
| <input type="checkbox"/> For San Bernardino County call boxes: Phone: (909) 884-8276, ext. 140 Fax: (909) 388-2002 E-mail: klynn@sanbag.ca.gov | Ms. Kelly Lynn SANBAG SAFE Director 1170 W. 3rd St., Second Floor San Bernardino, CA 92410 |

From (Contact Name and Organization)

- Permittee*
- Construction
- Maintenance
- Right of Way Utilities
- Caltrans

SAFE may charge Permittee for cost of _____

| | | |
|---|-------------------------------|--|
| Address | | |
| City | State | Zip Code |
| Business Phone (Include Area Code) | FAX Phone (Include Area Code) | No. of Pages Including this Cover Page |

**Action Needed: If there is a call box pair, both boxes may be affected!
Call box numbers must be included.** (The number is shown on the call box sign, for example, SBd010-93 for a box on WB (because last number is odd), Route 10 at Post Mile 9, first Quarter Mile.)

Call Box Number(s): _____

- Temporary removal from service: Bagging ONLY – needed by _____
(if K-Rail will block access or the shoulder will be too narrow during construction only)
- Temporary removal of **box and pole ONLY** – needed by _____
(if equipment is working close to the box)
- Removal of box, pole, pad, auger, and any retaining walls needed by _____
- Relocation needed by _____
(if MBGR, etc., will permanently affect/block access)
- Place call boxes back in service.