

**REQUEST FOR BLIND CHILD AREA WARNING SIGNS**

Date: \_\_\_\_\_

Request BLIND CHILD AREA warning signs for our City street due to my child’s sight impairment.

Child’s Name: \_\_\_\_\_

Child’s Date of Birth: \_\_\_\_\_

I agree to notify the Director of Engineering, in writing, if (1) the family moves, (2) the child no longer lives at home or (3) the child’s sight improves to the point where the signs would not be needed. Certification of the extent of my child’s sight impairment from a licensed physician or optometrist is attached. I understand that the signs will be removed when the child reaches the age of 13, unless there are extenuating circumstances.

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Home Phone Number)

\_\_\_\_\_  
(Name – Print or Type)

**(FOR OFFICE USE ONLY)**

Recommend:

Approval, with \_\_\_\_\_ signs to be installed on the following street/route:  
\_\_\_\_\_

Disapproval, because \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature/Senior Engineer)

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Approved / Disapproved (strike out one)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature/Director of Engineer)

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Number of signs installed: \_\_\_\_\_; Date: \_\_\_\_\_

Number of signs removed: \_\_\_\_\_; Date: \_\_\_\_\_