

REQUEST FOR DEAF CHILD AREA WARNING SIGNS

Date: _____

Request DEAF CHILD AREA warning signs for our City Street due to my child's hearing 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 hearing improves to the point where the signs would not be needed. Certification of the extent of my child's hearing impairment from a licensed physician, audiologist, or speech and language pathologist 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/Traffic Engineer)

Approved / Disapproved (strike out one)

(Date)

(Signature/Director of Engineering)

Number of signs installed: _____; Date: _____

Number of signs removed: _____; Date: _____