Special Needs Child Sign Application Request Form

I, _____, parent/legal guardian of _____, age_____, hereby request installation of Special Needs Child sign to serve _____ (address).

Type of Sign (Check one)

☐ Deaf Child ☐ Blind Child

☐ Autistic Child ☐ Disabled Child

In support of this request, I certify that the following statements are true:

1. The child is between the ages of two (2) and fifteen (15) years of age as of the date of this request (date of birth) _____.
2. I am the parent or legal guardian of the child.
3. The child resides with me at _____ (address). In support of this statement, I provided the following documentation: _____ (copy of driver's license, property tax notice, utility billing or other documentation).
4. I agree to provide "Proof of Residency" prior to January 1st of each subsequent year of this application. Should such proof not be provided, I understand that the sign will be removed by the Village and will not be re-installed.
5. I understand that the sign will be removed upon the earliest of the fifteenth birthday of _____ or when the child no longer lives at the subject address.

Signed:	Print Name:	Date:
_____	_____	_____
Address:	Email Address:	Telephone:
_____	_____	_____

I _____ certify that _____ is impaired to the extent that he/she is unable to see, hear or otherwise safely comprehend oncoming traffic.

Signed:	Specify Qualification (eye, ear or other specialist):	Date:
_____	_____	_____

For Office Use Only

Recommend denial (reason): _____

_____

Recommend _____ (number and type) signs are installed at the following location(s): _____

_____

Signed:	Print Name:	Date:
_____	_____	_____