



Department of Public Works

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211 Walnut Street • P.O. Box 426 • Neenah, WI 54956-0426

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## BLIND CHILD AREA Sign Request Form

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Parent's or Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Birth Month/Year: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby request BLIND CHILD AREA signs for our City road because of the presence of my child with vision impairment. By signing this request, I agree to immediately notify the City Traffic Engineer in writing if: (1) the family moves; (2) the child no longer lives at home; or (3) any conditions related to the child's vision impairment materially change. I have attached a note of my child's vision impairment from a licensed physician or optometrist. I understand the signs will be removed when the child reaches the age of 13.

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

\_\_\_\_\_  
Date

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### OFFICE USE ONLY

[ ] Approve installation of \_\_\_\_ signs at \_\_\_\_\_

Sign install date: \_\_\_\_\_ Sign removal date: \_\_\_\_\_

[ ] Deny installation. Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of City Traffic Engineer

\_\_\_\_\_  
Date