



Department of Public Works

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

BLIND CHILD AREA Sign Request Form

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

OFFICE USE ONLY

[] Approve installation of ___ signs at _____

Sign install date: _____ Sign removal date: _____

[] Deny installation. Reason: _____

Signature of City Traffic Engineer

Date