



CITY OF DUNEDIN

P. O. Box 1348
Dunedin, FL 34697-1348
727-298-3181

**WARNING SIGN REQUEST FORM
FOR
BLIND CHILD AREA SIGNAGE
DEAF CHILD AREA SIGNAGE
AUTISTIC CHILD AREA SIGNAGE**

I hereby request the following sign (check one of the following) for our City street due to my child's impairment.

- ☐ BLIND CHILD AREA sign
☐ DEAF CHILD AREA sign
☐ AUTISTIC CHILD AREA sign

Name of Parent or Legal Guardian: _____

Street Address: _____ Home Phone Number: _____

Name of Child: _____ Child's Date of Birth: _____

By signing this request, I agree to immediately notify in writing the City Traffic Engineer if: (1) the family moves; (2) the child no longer lives at home; or (3) any conditions related to the child's impairment materially change. I have attached a certification of the extent of my child's impairment from a licensed physician or optometrist as required. I understand that the signs will be removed with the child reaches the age of 16.

Signature of Parent/Legal Guardian: _____ Date: _____

TO BE FILLED OUT BY THE CITY OF DUNEDIN ENGINEERING SECTION

Location reviewed by: _____ Title: _____

☐ Recommend _____ signs be installed on _____
_____ local roadways

☐ Recommend denial (Reason: _____)

Number of signs installed: _____ Date: _____

Number of signs removed: _____ Date: _____