



**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: \_\_\_\_\_