

## **REQUEST FOR DEAF CHILD OR BLIND CHILD WARNING SIGN**

My child has a documented vision or hearing disability. I am requesting the appropriate traffic sign to warn drivers. I am aware my child's physician must complete and sign the lower portion of this form for submission. I will advise Spokane County if we move, so they can remove the sign. I am also aware that Spokane County may periodically send a renewal notice for the sign. If the renewal is not completed, the sign will be removed.

**To be completed by parent/guardian:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand all of the above and agree to notify Spokane County if we move.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**To be completed by physician:**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

The child listed above has the following disability:

Vision

Hearing

Details or Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Please return to: Spokane County Engineers  
Attn: Traffic Department  
1026 W. Broadway Avenue  
Spokane, WA 99260

Fax: 509-477-7478