

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

Phone: 509-477-3600
Fax: 509-477-7478