



Town of Amherst

Application for Signage for Child with Disabilities
For placement within Town Right-of-Way

Parent or Guardian's Name _____

Address of Child _____

City, State & Zip _____ Phone (____) _____

Child's Birth Date _____

Please read, complete, sign the agreement, and return this form to:

Town of Amherst Engineering Department
1100 North Forest Road
Williamsville, NY 14221
Attention: Chris Schregel

Place a check next to the sign you are requesting:

- Blind Child in Area**
- Deaf Child in Area**
- Child with Autism Area**

The back side of this application is an agreement that follows the adopted "Town of Amherst Standard Practice for "Deaf Child in Area", "Blind Child in Area", & "Child with Autism in Area" Signing. This agreement must be signed by the Parent or Guardian and the following documents must accompany this application prior to sign placement:

- (a.) A Doctor's statement that the child is severely blind, deaf, or autistic
- (b.) Proof of the child's date of birth
- (c.) Proof of residency

Agreement for Town of Amherst Signage for Child with Disabilities

I certify that a child (person under 18 years of age) with a qualifying disability resides at the address listed on the application, and that if this condition changes, I will notify the Town's Traffic Safety Coordinator.

I agree to accept the sign format, design, structure, and location determined by the Town of Amherst Highway Department in compliance with all pertinent state signing standards.

I understand the sign placement is conditional on renewal of the permit yearly. A renewal application will be sent to you by January 1st of every year and your response must be returned by January 31st. If the renewal application is not received, the Town will assume the signs are no longer required or wanted and they will be removed.

Applicant will hold the Town of Amherst harmless in the event the signs are placed and an injury occurs to the qualifying child while the signs are in place.

Applicant will hold the Town of Amherst harmless in the event the signs are not placed or are removed and an injury occurs to the qualifying child.

I, the undersigned, herewith accept the terms and conditions and agree to fully comply with the Town's Standard Practice for "Deaf Child in Area", "Blind Child in Area", and "Child with Autism in Area" signing. The Town of Amherst may remove the sign for any failure to comply with these terms.

Parent or Guardian's Signature: _____
(Please Sign)

Date: _____