



MICHAEL J. FINN, P.E.
Commissioner

NOLAN R. SKIPPER, P.E.
Acting City Engineer

BYRON W. BROWN
Mayor of Buffalo

DEPARTMENT OF PUBLIC WORKS, PARKS & STREETS
DIVISION OF ENGINEERING

REQUEST FOR CHILD WITH DISABILITIES WARNING SIGNAGE

Date: _____

Name of Applicant (Parent/Guardian): _____

Applicant Address: _____

Applicant Phone Number: _____ Applicant Email: _____

Address Where Child Resides: _____

Child's Date of Birth: _____

Type of Sign Requested (check one below):

Deaf Child Area

Blind Child Area

Child with Autism



NYW7-6



NYW7-7



Applicant must include a note from the child's pediatrician/doctor attesting to the child's condition.

Applicant will be contacted annually to verify the child maintains residence at the location on the application. Please contact the Division of Engineering at 851-5366 if the child moves. DPW will relocate the signs if the child moves within the City of Buffalo.

Undersigned parent/guardian hereby agrees that, if granted a permit, I will advise the City of Buffalo in the event that the child moves from the address listed above. Parent/guardian further acknowledges that, at the time of this application, signage is limited to children under 18 years of age per Federal and State guidelines. The City will remove the signage after the child's 18th birthday.

Signature: _____

Print Name: _____

Date: _____



BYRON W. BROWN
Mayor of Buffalo

MICHAEL J. FINN, P.E.
Commissioner

NOLAN R. SKIPPER, P.E.
Acting City Engineer

DEPARTMENT OF PUBLIC WORKS, PARKS & STREETS
DIVISION OF ENGINEERING

Child with Disabilities Warning Sign Checklist for Applicant:

- Completed Application
- Note from Doctor

INTERNAL USE ONLY

- APPROVED
- DISAPPROVED
 - Complete Application Not Provided within a timely manner
 - Other: _____

Engineer (City of Buffalo):

Signature: _____

Print: _____

Date: _____