



Town of Amherst

Application for Impaired Child Signage
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

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

Engineering Department Use Only

Date _____

Sign Off _____