



City of Allentown
Traffic Planning & Control
Department of Public Works
641 S. 10th Street
Allentown PA 18103
610-437-7735

SPECIAL NEEDS CHILD SIGN REQUEST FORM

I, _____, parent/legal guardian of _____, age _____,
hereby request installation of a Special Needs Child sign to serve this address _____

TYPE OF SIGN (CHECK ONE)

____ Hearing Impaired Child ____ Vision Impaired Child
____ Autistic Child ____ Special Needs Child

In support of this request, I certify that the following statements are true:

1. The child is between the ages of two (2) and fifteen (15) years of age as of the date of this request.
Please provide the birthdate of the child: _____
2. I am the parent or legal guardian of the child. Relationship to the child: _____
3. The child resides with me at the address provided. Proof of residency will be provided in the form of:
_____ (copy of driver's license or utility bill).
4. I agree to provide "Proof of Residency" prior to January 1st of each subsequent year of this application.
Should such proof not be provided, I understand that the sign will be removed by the City and will not
be re-installed. Proof of residency will be provided to the following email:
trafficdepartment@allentownpa.gov or in-person at our Public Works office if preferred.
5. I understand that the sign will be removed upon the sixteenth birthday of the child or when the child no
longer lives at the subject address.
6. I agree to notify the City if the child reaches their sixteenth birthday, no longer lives at the subject
address or if the child's medical condition changes.

Print Name: _____ Signature: _____ Date: _____

Address: _____ Email Address: _____ Telephone: _____

FOR OFFICE USE ONLY

Approve/Deny: _____ Reviewer: _____

Reason for Denial: _____

Signature: _____ Date: _____