

Consent Letter for Special Needs Sign Installation (Adult)

The following consent letter, provided by the Applicant, legal Guardians, authorized person(s) or organization with custody rights, access rights or parental authority over the following applicant:

To whom it may concern,

I / We,

_____ ,
full name(s) of parent(s) / person(s) / organization giving consent

Address:

street address, city

province/state, country

Telephone and email:

_____ ,
telephone

_____ ,
email

I am the applicant / are the parent(s), legal guardian(s) or other authorized person(s) or organization with custody rights, access rights or parental authority over the following applicant:

Information about applicant:

Name:

Applicant's full name

Sex

Male Female

Date and place of birth:

dd/mm/yyyy

city, province/territory

Number and date of issue of passport (if available):

number

dd/mm/yyyy

Issuing authority of passport (if available):

country where passport was issued

Information about applicant Custody Person(s) or Organization

Name:

full name of applicant's custody person(s) or organization

Relationship to Applicant:

mother, father, grandparent, sister, brother, relative, friend, other

Date of Birth:

dd/mm/yyyy

Citizenship:

Address:

Email

Phone Number

Acknowledgements

I / We _____, are acknowledge that, to inform the City of Allentown's Director of Public Works and Superintendent of Traffic Control person, if any of the following occurrence happens:

- If the applicant moved from the current location
- If the applicant custody status changed.
- If the applicant medical status changed.
- The special signs no longer needed for any reasons.

This consent form must be signed and notarize before a witness.

Signature(s) of person(s) giving consent

signature(s) of person(s) giving consent

dd/mm/yyyy

Signature of witness

_____ *full name of witness*

_____ *signature of witness*

_____ *dd/mm/yyyy*

_____ *city, province/territory*

Signature of official

Signed before me on this _____

day of _____,

_____ month _____ year

by _____

_____ *name(s) of person(s) giving consent*

_____ *signature of official*

_____ *name / title of official*

Questions regarding information in this consent letter should be directed to the person(s) or organization giving consent.

(seal)