



Please complete this form and sign in the space provided below. Be sure the medical certification section is completed by your doctor. Return this form and the appropriate fee (make checks payable to KCPW) to:

Kitsap County Public Works
ATTN: Sign Application
614 Division Street (MS-26)
Port Orchard, WA 98366

Applications are processed upon receipt. It takes about three weeks for the signs to be manufactured and installed. **There is a \$150 fee** for fabricating, installing and maintaining the sign. The fee includes costs for one sign. You would need to purchase two signs to have one for each direction of traffic.

Applicant's Information

Applicant's name: _____ Date: _____

Address: _____

Phone number: _____ Child's name & birth date: _____

Select one (1) of these messages:

- DEAF CHILD AREA
- BLIND CHILD AREA
- HANDICAPPED CHILD AREA

Medical Certification Section — By my signature below I certify that the applicant has a child who is handicapped.

Health care provider's signature: _____ Date: _____

Printed name: _____

Disclaimer

There are no studies that show this type of sign alters a driver's behavior, i.e. slower speeds or motorist's increased awareness. Studies of similar signs actually show there is neither change in driver's behavior nor any reduction in accidents. Also, these signs are not included in the Manual on Uniform Traffic Control Device which guides the county's traffic sign program. The county cannot guarantee that the roadway will be any safer after sign installation, and strongly recommends that all pedestrians use extra care and caution near roadways.

Additional Information

Maintenance of this sign ceases if the area is annexed or incorporated by an city or other entity. This sign will be removed on or about the child's 18th birthday.

Applicant's Signature

I attest all the information I have provided above is correct and the special needs child resides at the address listed above. If the child moves from this address, I will inform Kitsap County Public Works so the sign can be removed.

Applicant's signature: _____ Date: _____