

## **“HANDICAPPED CROSSING WARNING” Signs**

As a result of requests from Citizens of the City of Suffolk with Physical Disabilities and our concern for the safety of those people, a policy for the use of “Handicapped Crossing” warning signs has been developed. The Handicapped Crossing Warning Sign is typically used to alert motorists in advance of locations where unexpected entries to the roadway or shared use of the roadway of the roadway by handicapped persons may be expected. These signs may be allowed on City maintained non-limited access roadways of the Primary or Secondary System. Specifications for this sign are attached.

HANDICAPPED CROSSING WARNING signs are subject to the following conditions:

- A. A written request from the person or the family involved must be received by the City Traffic Engineer for the area where signing is desired.
- B. The request shall be signed by a parent or legal guardian if the person with the disability is under the age of 18 and shall include the following:
  - 1. Date
  - 2. Street address
  - 3. Home telephone number
  - 4. Name and birth date of the person with the disability
  - 5. Certification of the person’s disability and the extent of their disability from a licensed physician.
- C. Signing may be considered for any person with a certified disability.
- D. A maximum of one (1) sign per approach will be installed for each situation. Sign locations will be determined by the City Traffic Engineer.
- E. In cases where the person with the disability moves from the immediate area or should the signs no longer be needed, it is the responsibility of the person responsible for, or the person with the disability, to notify the City Traffic Engineer so that the signs may be removed.

Upon receipt of a request for “HANDICAPPED CROSSING” warning signs, the City Traffic Engineer shall provide an official request form to the person requesting the signs.

**APPROVED**

**Suffolk Public Works  
Traffic Engineering Division**

  
T. E. Rep.      11-6-07  
Date

**Request for Handicapped Crossing Warning Signs**

Date: \_\_\_\_\_

I hereby request a Handicapped Area Warning Sign for the following location to accommodate the following person with a certified disability:

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

By signing this request, I agree to immediately notify in writing the City Traffic Engineer if: (1) the family moves; (2) the person no longer lives at this address; or (3) any conditions related to the person's disability materially change. I have attached a certification of the extent of the disability from a licensed physician. I understand the signs will be removed if at any time the resident no longer meets the City's requirements.

\_\_\_\_\_  
Street Address/City/Zip

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Signature Print or Type Name

**(FOR OFFICE USE ONLY)**

Location Reviewed by: \_\_\_\_\_,  
City Traffic Engineer, Representative (print or type name)

Recommend \_\_\_\_\_ signs be installed on \_\_\_\_\_

\_\_\_\_\_  
(print or type name of street or route)

Recommend denial (Reason: \_\_\_\_\_)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Signs installed Date: \_\_\_\_\_

\_\_\_\_\_ Signs removed Date: \_\_\_\_\_