



City of Aurora Application for Special Needs Roadway Sign(s)

Applicant, Parent, Legal Guardian or Legal Caregiver will need to complete an application and submit to the City of Aurora Engineering Division (44 E. Downer Place, Aurora, IL 60507). The application will be reviewed by the City Traffic Engineer to determine the need for warning signage.

Individual with Special Needs: _____ Birth date: _____

Parent/Guardian/Caretaker name(s): _____

Parent/Guardian/Caretaker address: _____

Parent/Guardian/Caretaker phone number(s): _____

Parent/Guardian/Caretaker email address: _____

Briefly describe the special need and request:

Medical Doctor name: _____

Medical Doctor address: _____

Medical Doctor phone number: _____

Attach Doctor written verification of special need to this application.

ACKNOWLEDGEMENT AND HOLDHARMLESS

As the applicant, parent, legal guardian and/or legal caretaker of the individual with special needs, I hereby swear that the information contained in this application is true and correct. I understand that it is my responsibility to supervise the person with special needs at all times and acknowledge that the warning signage provides no guarantee of safety. I also acknowledge that it is my responsibility to contact the City every two years to confirm the continuing need for signage and notify the City if the individual with special needs' residence changes. I further acknowledge that the special needs warning signage will be removed if the City deems the signage is no longer needed.

I, the undersigned as applicant, parent, legal guardian and/or legal caretaker of the individual with special needs, in consideration for special needs signage, agree to fully release, waive, discharge, covenant not to sue and free to hold harmless the City of Aurora, its employees, staff, departments, agents, and other participating organizations and support personnel and successors of all of the above (collectively the "Releasees") from any and all claims or liability relating to the issuance of the special needs sign. I agree to indemnify and hold harmless the Releasees from and against all lawsuits, losses, damages, claims, and expenses, including attorney's fees and costs, arising out of or resulting from the issuance of the special needs sign.

Applicant/Parent/Legal Guardian/Caretaker(s) signature(s): _____

Date of application: _____