

Roadside Memorial Sign Application



City of Loveland
 Public Works- Traffic
 105 W. Fifth Street
 Loveland, CO 80537
 (970) 962-2751
 traffic@cityofloveland.org

City Use Only:

Received: _____
Approval: _____
Location: _____
Installation Date: _____

Please Complete the Following Information:

Applicant Information	
Sponsor / Applicant's Name:	Relationship to the Deceased Person: *
Sponsor / Applicant's Complete Mailing Address:	Sponsor / Applicant's Email Address
Sponsor / Applicant's Phone Number:	<i>* If not an immediate family member, please attach written permission from an immediate family member</i>

Victim and Accident Information	
Victim's Name (as shown on the accident report):	Location of the Accident: *
Date of the Accident: *	<i>* The accident report will be reviewed. If necessary, the applicant may be asked to provide a copy of the report and/or death certificate.</i>

Message to be placed on sign (please check one)	Supplemental Plaque (please check one and fill in the blank) *
<input type="checkbox"/> Please Drive Safely <input type="checkbox"/> Please Ride Safely <input type="checkbox"/> Seat Belts Save Lives <input type="checkbox"/> Please Watch for Pedestrians <input type="checkbox"/> Please Watch for Bicyclists <input type="checkbox"/> Don't Drink and Drive <input type="checkbox"/> Don't Drink and Ride	<input type="checkbox"/> In Memory Of <hr/> ► Dates: (ex. 1877-2011) <hr/> <input type="checkbox"/> Sponsored By <hr/>
<p><i>* Please spell name exactly as it should appear on the sign.</i></p> <p><i>* In the case where application is made for an intoxicated driver (alcohol or any other controlled substance) who was fatally injured, the name plaque shall read "Sponsored by (family name or applicant)" and will not include the driver's name.</i></p>	

There is no fee for the sign fabrication, installation, maintenance and removal. One sign will be installed as close to the accident location as possible and will remain in place for five (5) years, after which the sign will be removed and donated to the applicant. Applicant must contact the City Traffic Division on the five year anniversary date to obtain the sign. The applicant or any immediate family member may request removal at anytime during the five year period.

Applicant's certification: I certify that the above and foregoing statements are true and correct, and that I have read, understand and agree to abide by the conditions of the City of Loveland Roadside Memorial Sign Program.

Applicant's Signature: _____	Date: _____
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