

DISABLED ROAD SIGN APPLICATION

Disabled Road Signs are intended to warn drivers they are approaching a private residence in the Town of Caledon where a person(s) with a permanent disability resides.

Applicant: _____

Address: _____

Telephone: (____) _____

E-Mail: _____

Sign is intended for: ☐ Applicant ☐ Child(ren) under the ☐ Other _____
primary care of the applicant

The person(s) the sign is intended for is a: ☐ Child ☐ Adult (18 years of age or older)

Does the person(s) the sign is intended for reside at the above address: ☐ Yes ☐ No

If not, please identify their permanent address: _____

Please note:

- 1) The location of sign(s) will be determined through a site review. Generally, one sign will be installed per direction, 100 metres in advance of the subject property.
- 2) Upon a complete application, please allow 6-8 weeks for the signs to be installed.

Declaration of Consent

- 1) All information provided within the Disabled Road Sign Application is true and accurate.
- 2) I understand that the sign has no legal status under the Ontario Highway Traffic Act. By signing and submitting this application, I acknowledge that the sign is informational only and is not to be construed as a device to manage traffic or protect persons from vehicular traffic.

- 3) I am required to contact the Town of Caledon if there are any changes that would require the signs to be changed or removed, such as a change in address, etc.
- 4) I acknowledge that submission of the Disabled Sign Application does not constitute any approval or permission from the Town and further agree that nothing, including but not limited to, the fabrication and placement of any signs, shall obligate the Town in any way to provide or continue to provide approval for participation in the Disabled Road Signs Program.

Signature of Applicant: _____ Date: _____

Personal information contained on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act*, and will be used for the purpose of responding to your application request. Questions about this collection should be directed to the Municipal Freedom of Information Coordinator, Town of Caledon, 6311 Old Church Road, Caledon, Ontario, L7C 1J6, 905.584.2272.

IN OFFICE USE:

Date Received: _____

Date Site Visit Conducted (if applicable): _____

Date Signage Installed (if applicable): _____

Signage authorized by: _____

Annual Review Date: _____