

Roadside Memorial Sign Application



Larimer County
 Road and Bridge Department
 P.O. Box 1190
 Fort Collins, CO 80522-1190
 970-498-5671
 970-498-5678 (fax)

County Use Only:

Received:	_____
Approval:	_____
Fee Paid:	_____
Location:	_____
Installation Date:	_____

The regulations governing this program can be obtained from the department shown above.

Please Complete the Following Information:

Applicant Information	
Sponsor / Applicant's Name:	Relationship to the Accident Victim: *
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 County 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 _____ <input type="checkbox"/> Sponsored By _____
<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>	

Fee for the sign fabrication, installation, maintenance and removal is \$200.- Please make checks payable to Larimer County Road and Bridge Department. One sign will be installed as close to the accident location as possible and will remain in place for three (3) years, after which the sign is removed and donated to the applicant (a one-time extension for another three years may be requested). The applicant or any immediate family member may request removal at anytime.

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 Larimer County Roadside Memorial Sign Program.

Applicant's Signature:	Date:
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