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
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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:	* If not an immediate family member, please attach written permission from an immediate family member	

Victim and Accident Information			
Victim's Name (as shown on the accident report):	Location of the Accident: *		
Date of the Accident: *	* 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.		

Message to be placed on sign (please check one)	Supplemental Plaque (please check one and fill in the blank) *	
 Please Drive Safely Please Ride Safely Seat Belts Save Lives 	□ In Memory Of	
 Please Watch for Pedestrians Please Watch for Bicyclists Don't Drink and Drive Don't Drink and Ride 	Sponsored By	
	opear on the sign. 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.

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: