

**By completing and signing this form you confirm, that you have read and agreed to the
Roadside Memorial Marker Program Policy Statement**

ROADSIDE MEMORIAL PROGRAM CRITERIA

- Any person that has died as a result of a motor vehicle, pedestrian or bicycle crash on segments of roadways within incorporated Clearwater City Limits is eligible to have a memorial sign erected in his or her honor.
- Requests for a memorial marker shall be submitted in writing to the Traffic Operations Division of Engineering by completing and mailing the Memorial Marker Request Form below. Requests may be made by immediate family members or friends. All forms must be signed by a family member.
- Memorial markers will be allowed to remain in place for one year after installation unless earlier removal is necessitated by construction activities.
- Memorial markers will be designed, constructed and installed by the Clearwater Traffic Operations Division. The Traffic Operations Division will be responsible for designing the sign and ensuring proper and safe placement – the exact location will be at the discretion of the City. Memorial markers will not be allowed within the limits of active construction work zones. The applicant will incur all costs of the sign.

	<h2 style="margin: 0;">ROADSIDE MEMORIAL SIGN APPLICATION</h2>	Please return completed form to: City of Clearwater Traffic Operations 100 S. Myrtle Avenue Clearwater, FL 33756																				
Location of Crash																						
Date of Crash		Name of Deceased																				
Safety Message requested on sign: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Drive Safely</td> <td><input type="checkbox"/> Be Safe – Be Seen</td> <td><input type="checkbox"/> Drive Courteously</td> </tr> <tr> <td><input type="checkbox"/> Don't Drink & Drive</td> <td><input type="checkbox"/> Cross Safely</td> <td><input type="checkbox"/> Speeding Kills</td> </tr> <tr> <td><input type="checkbox"/> Share The Road</td> <td><input type="checkbox"/> Watch For Motorcycles</td> <td><input type="checkbox"/> Drive Defensively</td> </tr> <tr> <td><input type="checkbox"/> Buckle Up</td> <td><input type="checkbox"/> Watch For Bicycles</td> <td><input type="checkbox"/> Stop On Red</td> </tr> <tr> <td><input type="checkbox"/> Watch The Road</td> <td><input type="checkbox"/> Watch For Pedestrians</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Stay Alert</td> <td><input type="checkbox"/> Stop For School Buses</td> <td></td> </tr> </table>					<input type="checkbox"/> Drive Safely	<input type="checkbox"/> Be Safe – Be Seen	<input type="checkbox"/> Drive Courteously	<input type="checkbox"/> Don't Drink & Drive	<input type="checkbox"/> Cross Safely	<input type="checkbox"/> Speeding Kills	<input type="checkbox"/> Share The Road	<input type="checkbox"/> Watch For Motorcycles	<input type="checkbox"/> Drive Defensively	<input type="checkbox"/> Buckle Up	<input type="checkbox"/> Watch For Bicycles	<input type="checkbox"/> Stop On Red	<input type="checkbox"/> Watch The Road	<input type="checkbox"/> Watch For Pedestrians		<input type="checkbox"/> Stay Alert	<input type="checkbox"/> Stop For School Buses	
<input type="checkbox"/> Drive Safely	<input type="checkbox"/> Be Safe – Be Seen	<input type="checkbox"/> Drive Courteously																				
<input type="checkbox"/> Don't Drink & Drive	<input type="checkbox"/> Cross Safely	<input type="checkbox"/> Speeding Kills																				
<input type="checkbox"/> Share The Road	<input type="checkbox"/> Watch For Motorcycles	<input type="checkbox"/> Drive Defensively																				
<input type="checkbox"/> Buckle Up	<input type="checkbox"/> Watch For Bicycles	<input type="checkbox"/> Stop On Red																				
<input type="checkbox"/> Watch The Road	<input type="checkbox"/> Watch For Pedestrians																					
<input type="checkbox"/> Stay Alert	<input type="checkbox"/> Stop For School Buses																					
Name of Person Requesting sign			Relationship to Deceased																			
Street Address		City	State	Zip Code																		
Daytime Phone Number	Evening Phone Number		E-mail Address																			
Signature of person requesting sign			Date Requested																			
Family Member Name	Relationship to Deceased		Authorization Signature																			

Office Use Only:					
Sign Location in Residential Area?	Yes	No	Abutting Resident's Approval Obtained?	Yes	No
	Signature		Date		
\$300 Fee Collected					
Application Approved					
Sign Posted					
Sign Removed					