

City of Clovis 801 S. Norris Clovis, NM 88101 (575) 769-2376

## SPECIAL WARNING SIGN APPLICATION

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Physician Statement Required (on letter	rhead)		
Deposit: \$25.00 (refundable if Public V	Works is notified upo	n moving)	
Fee: \$53.00 (per sign)	]	RECEIPT#:	
Applicants Name:			
Applicants Address:			
Home Phone:	Cell Phone:		
Type of special warning:			
Visually Impaired Pedestrian			
Visually Impaired Child			
Handicapped Child			
Hearing Impaired Child			
Other:			
Applicant Signature	Date		
CIT	ΓΥ STAFF USE ON	LY	
Public Works Signature:		Date Approved:	
Fraffic Supervisor Signature:		Date Approved:	

**Date Installed:**