

APPLICATION FOR PERSON WITH DISABILITY AREA SIGN

Date: _____

Name of Applicant: _____

Relation to Disabled Individual: ☐Parent ☐Guardian ☐Individual

Applicant Address: _____

Applicant Phone Number: _____ Applicant Email: _____

Address Where Disabled Individual Resides: _____

Disabled Individual's Name: _____

Disabled Individual's Address: _____

Disabled Individual's Phone Number: _____ Disabled Individual's Email: _____

Requested Signage Location: _____

Reason for Signage: _____

Nature of Disability: _____

(Applicant must include certification from a licensed healthcare professional confirming the disabled person's disability and the reason for the requested signage. For purposes of this Application, "disability" shall be defined as that in the Americans with Disabilities Act as Amended.)

Signage to be installed:



Applicant agrees to comply with all provisions of Florence's policies and procedures relating to the request for a "Person with Disability Area" sign as set forth in Ordinance O-18-2025.

Signature: _____

Applicant

Date: _____