



CITY OF EAST PROVIDENCE
DEPARTMENT OF PUBLIC WORKS
RECORD OF SIGN REQUESTS

DATE: _____

TIME: _____

Please date, check appropriate sign and record location for requested sign.

PERSON REQUESTING SIGN/SIGNS:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

- 1) _____ Handicapped Parking*
- 2) _____ Stop Sign
- 3) _____ No Parking
- 4) _____ Slow Children
- 5) _____ Caution Autistic Child at Play
- 6) _____ Slow Down Students Ahead
- 7) _____ Caution Children at Play
- 8) _____ Caution Blind Person in Area
- 9) _____ Caution Deaf Child
- 10) _____ Removal of Signs

*For Handicap Parking sign requests provide proof of residency, sign a sworn affidavit attesting to the need of parking space, provide copy of an active RIDMV issued disability parking placard, RIDMV registration or if the handicap space is requested to accommodate usage of a bus, then written documentation of the bus stop is sufficient.

ADDITIONAL INFORMATION:

RECOMMENDATION/COMMENTS: