



Sign Request Form

****Please note Harrison Co HWY is held to Indiana MUTCD Standards which means not all requests are permissible by Federal/State Regulations****

Name of Requester: _____ Request Date: _____

Address of Requester _____ Address or Location of Sign _____

Phone # of Requester: () - _____

Type of Sign Requesting (circle one)	<u>Autistic Child</u>	<u>Warning Sign</u> <i>(Please specify type)</i>
	<u>Blind Child Area</u>	
	<u>Deaf Child Area</u>	<u>Regulatory Sign</u> <i>(Please specify type)</i>
	<u>Watch for School Bus</u>	

Is the person the above sign requested for a permanent resident at listed address? Yes No

SIGNATURE OF REQUESTOR : _____

Office Staff Only:

Approved: _____
Harrison County Highway Department Date

Engineering Study Required Yes No If yes, date completed (list findings below) _____

Installation Date: _____ Date Entered Computer _____

Type of Post: U-Channel Square Wood Data Entered By _____

<p>***Additional Work Notes***</p> <p>(Include summary of engineering study performed and what work in any was performed. For example, if a sign is replaced due to damage, vandalism or being worn out, or removed)</p>