

Revocable Permit Application for Impaired Child Sign For placement within City Right-of-Way

Applicant Name _____

Street Address _____

City, State & Zip _____ **Phone (____)** _____

Email _____

Applicant must read, complete, and sign the agreement on the back of this application prior to the fabrication and installation of the sign.

TOTAL CURRENT COST = \$50.00 (Includes fabrication, installation, and overhead)

Make check or money order payable to: **City of Rochester**

Return this form to: City of Rochester Public Works
City Traffic Engineer
4001 West River Pkwy NW, Suite 100
Rochester, MN 55901

Current Age of Qualifying Child: _____

Impairment for which the signing is requested:

_____ Blind Child

_____ Deaf Child

_____ Autistic Child

Hardship Request for Waiver Fee

YES

NO

If applicant feels the fee required for the installation cost will create financial hardship for the family, complete and attach the application for a Waiver of Sign Fee, with required supporting documents.

Revocable Permit Application for Impaired Child Signs

AGREEMENT

I (We) certify that a child (person under 16 years of age) with a qualifying impairment resides at the address listed on the application, and that if this condition changes I (We) will notify the City.

I (We) agree to accept the sign format, design, structure, and location determined by the City of Rochester in compliance with all pertinent state signing standards, and to make payment in advance of sign fabrication and installation.

The applicant will notify the City when they move, when the child reaches adulthood, or when the signs are no longer required.

Applicant will hold the City harmless in the event the signs are placed and an injury occurs to the qualifying child while the signs are in place.

Applicant will hold the City harmless in the event the signs are not placed, or are removed, and an injury occurs to the qualifying child.

I (We), the undersigned, herewith accept the terms and conditions and agree to fully comply herewith to the satisfaction of the City. The City may remove the sign for any failure to comply with these terms and/or non-payment of any repair or replacement costs.

Applicant Name: _____
(Please Print)

Date: _____

Applicant Signature: _____

NOTE: If approval is granted for the sign installation, placement will occur when weather conditions and workload permit. Expect placement to occur within approximately 2-4 weeks, between the months of April and October.

**RIGHTS OF SUBJECTS OF GOVERNMENT DATA
IMPAIRED CHILD SIGN PERMIT DATA
“TENNESSEN WARNING”**

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; Private information is that information which is available to you, not to the public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

PUBLIC – NAME AND ADDRESS OF APPLICANT(S) AT THE TIME OF APPLICATION

PRIVATE – SOCIAL SECURITY INFORMATION, INCOME LEVEL, MEDICAL DATA, HOME TELEPHONE NUMBER (MS 13.355 & 13.37(a))

The information collected and required from you is to determine your eligibility for a City of Rochester Impaired Child Sign and/or Waiver of Sign Fee. If you do not supply the required information, the City of Rochester will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the Impaired Child Sign program. Persons or agencies with whom this information may be shared include:

CITY PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

- THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU.**
- THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA.**
- THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.**

To exercise these rights, contact the City Clerk’s Office, 201 4th St SE, Room135, Rochester, MN, 55904

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

(Signature of Data Subject)

(Date)

APPLICATION FOR WAIVER OF SIGN FEE FOR IMPAIRED CHILD

Complete the information below to request waiver of the cost for Impaired Child Signing.

Please include this form and supplemental materials with the Revocable Permit Application for Impaired Child Sign filed with the Public Works Department.

Name _____

Address _____

Home Phone Number _____

Email _____

Household Income (Annual) _____

Do you file income tax returns? _____

Please provide a copy of most recent year federal income tax return. If you no longer file income taxes, please provide us with a Social Security Benefit Statement and indicate any other income sources.

Signature

Date

Please return this form along with any other documentation requested to:

City of Rochester Public Works
City Traffic Engineer
4001 West River Pkwy NW, Suite 100
Rochester, MN 55901

If you have any questions about the application form or documentation required, please call the Public Works Department at 507-328-2400.