



# TOWN OF BEDFORD

Email: [crobinson@bedfordnh.org](mailto:crobinson@bedfordnh.org)

## APPLICATION FOR SPECIAL SIGNS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

DESIRED LOCATION OF SIGN (S): \_\_\_\_\_

NAME OF PERSON SIGN (S) ARE FOR: \_\_\_\_\_

AGE \_\_\_\_\_ DISABILITY:  DEAF  BLIND  HANDICAPPED

TYPE OF HANDICAP \_\_\_\_\_

Please describe in detail how the handicapped person uses the highway as a pedestrian, i.e., crossing the highway or pedestrian activity along the shoulder. State whether the pedestrian activity is supervised or unsupervised.

*(Use back of this form if additional space is required.)*

SIGNATURE: \_\_\_\_\_

If under 18 years of age-parent or guardian

When completed, please forward this application to: Bedford Highway Safety Committee  
Bedford Police Department  
55 Constitution Drive  
Bedford, NH 03110  
Attn: Charlene T. Robinson

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**DOCTOR'S USE ONLY**

Degree of Disability \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Town of Bedford Use Only**  
Approved / Denied \_\_\_\_\_ Date: \_\_\_\_\_ Official: \_\_\_\_\_  
Permit expires on: \_\_\_\_\_