

**PUBLIC WORKS DEPARTMENT**  
**TRAFFIC ENGINEERING DIVISION**



**REQUEST FOR SAFETY WARNING ZONE**

In order to establish a "Safety Warning Zone" pertaining to Deaf, Blind, or Autistic citizen(s) within Seminole County, the following information needs to be supplied:

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone: \_\_\_\_\_
4. Location of zone (street name): \_\_\_\_\_
5. Nature of Disability: \_\_\_\_\_
6. Doctor's Signature (verifying disability): \_\_\_\_\_
7. Doctor's Name and Phone Number  
(Please print): \_\_\_\_\_

**Please return completed form to:**

**Seminole County Traffic Engineering Division  
140 Bush Loop  
Sanford, Florida 32773**

**FOR OFFICE USE ONLY**

Date request received: \_\_\_\_\_

Date in-field review: \_\_\_\_\_

Safety Zone effective: \_\_\_\_\_

Traffic Engineer approval: \_\_\_\_\_