



City of Killeen
Request for Specialty Sign Approval

Purpose: You must complete this form for application of a specialty street sign.

NOTE: Sign will be placed in requestor's front yard by the main road.
****Sign will be removed at age of 18 years old of minor child / dependent.**

Property Owner / Guardian Information:

Date of Request: _____ Property Owner: _____

Phone: _____ E-Mail: _____

Address / Sign Location: _____

Primary Contact / Name of Guardian: _____

Phone: _____ Fax: _____

E-Mail: _____

If at any point minor child no longer resides at sign location you must notify the Streets Services Department for removal within 30 days.

Before a decision can be made to approve your request for a specialty sign, the following information is needed. Please provide all of the requested information on this form and submit it to the City of Killeen Street Services Dept. Please submit [applicable information](#) with this form.

Citizen in need information:

Type of Sign: _____

Purpose of Sign: (Special Need) _____

Birth date of person needing sign (MM/YYYY): _____

Current Age of Minor Child: _____

I certify that the information furnished by me is true and correct to the best of my knowledge.

Owner / Guardian _____ Date

FOR STREET SERVICES USE ONLY

Recommend: Approval or Disapproval

Transportation Technician _____ Date _____ Comments _____

Recommend: Approval or Disapproval

Director of Street Services _____ Date _____ Comments _____

Recommend: Approval or Disapproval

Director of Transportation _____ Date _____ Comments _____