



City and County of Broomfield

Memorial Sign Program Criteria and Application

- Eligibility - the following criteria must be met:
 - The accident occurred on a Broomfield maintained street,
 - The accident resulted in a human death,
 - There is no written opposition to the installation of a memorial sign from any immediate family member, and
 - Victims who died were not committing an illegal activity at the time of the accident.
- Sign Specifics - The memorial sign consists of a white and blue sign three (3) feet wide and two (2) feet tall, with the legend, "Please Drive Safely." An additional plaque, three (3) feet wide and two (2) feet tall, bearing the words "In Memory of (name)" will be installed below the panel. In the event of multiple fatalities, additional names can be placed on the plaque.
- Requesting a Sign - An immediate relative (spouse, child, stepchild, brother, sister, step-sister/brother, mother, stepmother, father, or stepfather) or non-family member sponsor may request a memorial sign by submitting a completed application form together with written concurrence of the deceased's immediate family. An application for a memorial sign is required to be submitted within two years of the time of the crash.
- Process - If approved, the applicant pays \$200.00 for the cost of the signs. The signs are installed by Broomfield staff. Broomfield will maintain the sign which may remain up to four (4) years from the date of initial installation.
- Sign Location and Removal - The memorial sign will be placed at or near the location of the crash. However, Broomfield reserves the right to install it at an alternative location because of restricted room, property owner concerns, interference with essential traffic control devices, safety concerns or other restrictions. The applicant may request removal of the sign at any time within this period in writing. After the end of the four (4) year period, the victim's family or non-family member will be notified and the sign will be donated to the applicant or disposed of by Broomfield. Broomfield reserves the right to have the sign permanently removed at any time.



City and County of Broomfield Memorial Sign Application

Name of person applying for the sign _____ Date _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ E-mail Address _____

Victims Name (as they would appear on the sign) _____

Date of Accident _____ Location of Accident _____

Family's Approval Signatures and Date _____

Applicant's Signature _____ Date _____

Please return this application to: City and County of Broomfield
Attn: Bryce Hammerton
1 DesCombes Drive
Broomfield, Colorado 80020
303-438-6375
bhammerton@broomfield.org