



MUNICIPALITY OF ANCHORAGE
Public Works Department
APPLICATION FOR MEMORIAL SIGNAGE



APPLICANT INFORMATION:

NAME: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

SELECT TYPE OF SIGN REQUESTED:

Memorial Sign for a Fatally Injured Victim of a Crash Caused by a Drunk Driver*

*Required: Please attach an affidavit that the individual to be memorialized was fatally injured in the crash, that the other driver is alleged to be at fault, and that alcohol is alleged to be involved.

Memorial Sign for a Drunk Driver Fatally Injured in an Crash*

*Please attach an affidavit that the individual who was fatally injured is alleged to be the driver at fault and that alcohol is alleged to be involved.

Memorial Sign for an Individual Fatally Injured in a Crash not Involving Alcohol*

* AFFIDAVIT: A statement of fact, which is sworn to (or affirmed) before an officer who has authority to administer an oath (e.g. a notary public). The person, prior to signing the statement, takes an oath that the contents of the statement are to the best of their knowledge, true. It is also signed by a notary or some other judicial officer that can administer oaths, to the effect that the person signing the affidavit was under oath when doing so.

ADDITIONAL INFORMATION:

DATE AND TIME OF THE CRASH: _____

NAME OF THE DRIVER ALLEGED TO BE AT FAULT: _____

REQUESTED SIGN LOCATION: _____

(Please Note: Memorial signs will be placed as closely as possible to the crash location taking into consideration sign placement regulations, roadway geometry, and other sight obstruction issues.)

NAME OF INDIVIDUAL AS IT SHOULD APPEAR ON THE SIGN: _____

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Please check each box to acknowledge that you have read, understand and agree to each item

PURPOSE OF MEMORIAL SIGN PROGRAM:

The purpose of the memorial sign program is to provide friends and relatives of persons fatally injured in highway crashes with the opportunity to memorialize them by sponsoring a memorial sign to be erected near the scene of the crash; and combat drunk driving and to increase the public's awareness of the need to drive safely and responsibly.

APPLICATION PROCEDURE FOR A MEMORIAL SIGN FOR A FATALLY INJURED VICTIM OF A CRASH CAUSED BY A DRUNK DRIVER

A person may apply to the Traffic Department to sponsor a sign memorializing an individual who was fatally injured in a crash, in which another driver is alleged to be at fault and alcohol is alleged to be involved. The applicant must complete the attached application. The applicant must submit the completed application to the Department and must include with the application:

1. The date and location of the highway crash;
2. The name of the driver alleged to be at fault;
3. An affidavit by the applicant that the individual to be memorialized was fatally injured in the highway crash, that the other driver is alleged to be at fault, and that alcohol is alleged to be involved; and
4. The name of the individual who was fatally injured as it should appear on the memorial sign.

APPLICATION PROCEDURE FOR A MEMORIAL SIGN FOR A DRUNK DRIVER WHO WAS FATALLY INJURED IN A HIGHWAY CRASH

A person may apply to the Traffic Department to sponsor a sign memorializing an individual who was fatally injured in a highway crash in which the fatally injured is alleged to be the driver at fault and alcohol is alleged to be involved. The applicant must complete the attached memorial sign application. The applicant must submit the completed application to the Department and must include with the application:

1. The date and location of the highway crash;
2. The name of individual who was fatally injured;
3. An affidavit by the applicant that the individual who was fatally injured is alleged to be the driver at fault and alcohol is alleged to be involved; and
4. The name of each sponsor as it should appear on the memorial sign.

APPLICATION PROCEDURE FOR A MEMORIAL SIGN FOR AN INDIVIDUAL WHO WAS FATALLY INJURED IN A HIGHWAY CRASH THAT DID NOT INVOLVE ALCOHOL

A person may apply to the Traffic Department to sponsor a sign memorializing an individual who was fatally injured in a highway crash that did not involve alcohol by completing a memorial sign application furnished by the Department. The applicant shall submit the completed application along with the

1. Date and location of the highway crash; and
2. Name of the individual who was fatally injured as it should appear on the memorial sign.

DEPARTMENT REVIEW OF MEMORIAL SIGN APPLICATION

1. Within 30 days after the Department receives a correctly completed application submitted and the Department has inspected the proposed site for the memorial sign, the Department will send a written decision to the applicant as to whether the proposed sign installation is in compliance with this chapter.
2. A person who has applied for a memorial sign may appeal a decision denying an application by contacting the Director of the Traffic Department at 343-8406.

LOCATION, PLACEMENT, AND OWNERSHIP OF MEMORIAL SIGNS

1. A memorial sign that the Department approves under this chapter will be placed in the right of-way, without cost to an applicant, near the location of the crash and facing the oncoming traffic. However, a memorial sign will not be placed nearer than 200 feet from an existing traffic sign or where the memorial sign obstructs the visibility of an existing traffic sign.
2. Memorial signs may be placed in the right-of-way under the jurisdiction of the Department.
3. The Department will furnish, install, and retain ownership of a memorial sign.

Please check each box to acknowledge that you understand and agree to each item

WORDING ON MEMORIAL SIGNS:

1. If a memorial sign is applied for and approved by the Department for the victim of a drunk driving crash, the Department will install a cautionary sign that reads "PLEASE DON'T DRINK AND DRIVE" and a separate name plaque that reads "IN MEMORY OF (the victim's name)".
2. If a memorial sign is applied for and approved by the Department for the driver in a drunk driving crash, the Department will install a cautionary sign that reads "PLEASE DON'T DRINK AND DRIVE" and a separate name plaque that reads "SPONSORED BY (the sponsor's name)".
3. If a memorial sign is applied for and approved by the Department for the victim of a crash not involving alcohol, the Department will install a cautionary sign that reads "PLEASE DRIVE SAFELY" and a separate name plaque that reads "IN MEMORY OF (the victim's name)".

NAME PLAQUE LIMIT ON A SINGLE MEMORIAL SIGN INSTALLATION

No more than three name plaques of victims or sponsors may appear below the memorial cautionary sign on a single memorial sign installation.

TIME ALLOWED FOR MEMORIAL SIGNS IN THE HIGHWAY RIGHT-OF-WAY

Unless it determines that public safety requires removal, the Department will keep a memorial sign installation in its designated location for 10 years after the date of its installation. After the 10-year period ends, the Department will remove the memorial sign installation.

MULTIPLE MEMORIAL SIGN APPLICATIONS.

If more than one sponsor applies for a memorial sign to be located near a single crash site, the Department will consider the multiple applications in the order in which they are received. If the Department approves the application of additional sponsors who apply for a memorial sign for additional victims who were fatally injured as the result of the same or a different highway crash at a single crash site, the additional sponsors may apply to

1. Attach name plaques to the first sign installation, if the application requirements are satisfied; or
2. Have a memorial sign installed across the highway from the first sign installation so that the second sign installation faces the traffic approaching from the opposite direction. For the purposes of this section, "single crash site" means the site of all crashes that occur within 1,000 feet from each other, regardless of when they occur

Applicant's Certification: *I certify that the above and foregoing statements are true and correct, and that I have read and understood the Memorial Sign Program Regulations.*

Applicant's Signature _____ **Date:** _____