



ROBERT F. SULLIVAN
MAYOR

City of Brockton

Traffic Commission

CAPTAIN JOHN HALLISEY
TRAFFIC COMMISSIONER

MARY MILLIGAN
PARKING CLERK

SIGN REQUEST

Name: _____
(Please Print)

Address: _____

Contact Phone No.: _____ Email: _____

*Type of Sign Requested: _____

Reason for Requesting Sign: _____

Location of Requested Sign: _____

Nearest Pole #: _____ Replacement Sign? ___ Yes ___ No

*Please note:

1. If requesting a "Handicapped Parking" sign, resident must bring into the Traffic Commission the Handicap Placard, valid ID and vehicle registration.
2. If requesting a "Resident Only" permit, resident must bring into the Traffic Commission vehicle registration and valid ID.

OFFICE USE ONLY

Approved for Agenda: ___ Initial Mtg. Date: _____ Councilor: _____ Date Emailed: _____

Subcommittee Recommendation: _____

Mtg. Date for Final Approval: _____ Denied: ___ Reason: _____