



# ROADSIDE MEMORIAL SIGN PERMIT APPLICATION

El Paso County Department of Public Works  
3275 Akers Drive, Colorado Springs, CO 80922  
(719) 520-6460 [rowpermit@elpasoco.com](mailto:rowpermit@elpasoco.com)

If permit issues,  
PERMIT NUMBER (**COUNTY USE ONLY**):

RMSP- \_\_\_\_\_ - \_\_\_\_\_

## Section I: COMPLETE FOR **ALL** APPLICATIONS:

Name of Sponsor (person or group) applying for sign:	Sponsor's daytime phone number:	Sponsor's e-mail address:
Sponsor's Mailing address:		
Sponsor's relationship to Deceased Victim(s)/Deceased Vehicle Driver:		
Date of Fatal Crash:	Location of Crash (County roadway and nearest intersection, if known):	
Investigating Law Enforcement Agency:	Crash Report Number:	Name of the Driver (on accident report):
Preferred Memorial Sign location (check <b>one</b> ):		
<input type="checkbox"/> LOCATION AS SHOWN ON THE ACCIDENT REPORT (submitted herein) <input type="checkbox"/> LOCATION AS SHOWN ON THE ATTACHED MAP/SKETCH (* <i>OPTIONAL</i> - see pg. 5)		

## Section II: COMPLETE THIS SECTION, **UNLESS** THE REQUESTED SIGN IS FOR A DECEASED VEHICLE DRIVER IMPAIRED BY ALCOHOL or DRUGS (*\*if driver impaired, skip Section II, and move to Section III, below*):

Deceased name(s) ( <i>Please spell names <u>exactly</u> as proposed to be displayed on the Memorial Sign</i> ):	Deceased name(s) (as documented on the accident report):
1 _____	1 _____
2 _____	2 _____
3 _____	3 _____
Roadside Memorial Sign message requested (check <b>one</b> ):	
<input type="checkbox"/> DON'T DRIVE IMPAIRED (fatalities involving motor vehicle <i>driver who was impaired</i> by alcohol or drugs) <input type="checkbox"/> DON'T RIDE IMPAIRED (fatalities involving motorcycle or bicycle <i>rider who was impaired</i> by alcohol or drugs) <input type="checkbox"/> PLEASE BUCKLE UP (fatalities where the deceased was/were not wearing seatbelt(s)) <input type="checkbox"/> PLEASE RIDE SAFELY (motorcycle/bicycle victim or rider fatalities) <input type="checkbox"/> PLEASE DRIVE SAFELY (any fatalities)	



**Section III: COMPLETE ONLY IF DECEASED DRIVER/RIDER WAS IMPAIRED BY ALCOHOL or DRUGS:**

Per El Paso County Policy, if the sign permit is requested to commemorate an impaired, deceased vehicle driver/rider (impaired by alcohol or other drug), the name plaque shall read "Sponsored by [family or sponsor/applicant name]" and will **not** include the driver's/rider's name. Please *spell family's or sponsor's/applicant's name exactly as proposed for the sign*:

SPONSORED BY - Name: \_\_\_\_\_

Roadside Memorial Sign message requested (check **one**):

- DON'T DRIVE IMPAIRED (deceased motor vehicle *driver impaired* by alcohol or drugs)
- DON'T RIDE IMPAIRED (deceased motorcycle or bicycle *rider impaired* by alcohol or drugs)

Were other victims involved/injured/killed in the crash (as documented on the accident report)? *\*If so, complete the information below, then read the entire policy and pgs. 6-8, below, for signed, notarized consent document(s) required.*

<u>VICTIM'S NAME:</u>	<u>INJURED or KILLED:</u>	<u>NOTARIZED CONSENT OBTAINED and SUBMITTED? (circle one):</u>
1 _____	_____	<b>YES / NO</b>
2 _____	_____	<b>YES / NO</b>
3 _____	_____	<b>YES / NO</b>
4 _____	_____	<b>YES / NO</b>

(\*attach additional sheet, if necessary to list all victims)

**Section IV - SPONSOR'S CERTIFICATION: COMPLETE FOR ALL APPLICATIONS:**

I have read, understand, and agree to abide by the conditions of the El Paso County Roadside Memorial Sign Policy (Resolution 26-104). I understand that an El Paso County Roadside Memorial Sign Permit Application made, permit issued, or sign installed based upon false or misleading information shall be denied, revoked, and removed.

I have read and understand the information provided on this form and certify, to the best of my knowledge, that the information provided is true and correct.

Sponsor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

[THIS SPACE INTENTIONALLY BLANK]



## ROADSIDE MEMORIAL ATTESTATION(S)

Complete and sign an attestation, below, for each deceased individual listed on the permit application. Up to three (3) names can be placed on one (1) memorial sign.

1. NAME OF THE FIRST DECEASED TO BE LISTED ON THE MEMORIAL SIGN (OR, *IN THE CASE OF AN IMPAIRED DRIVER*, THE REQUESTED "*SPONSORED BY*" NAME):

Name(s) and relationship(s) of family member(s) who authorized application (*\*write "self" for name if this permit's sponsor/applicant and family member are the same*):

Name(s):

Relationship(s):

I certify that I am an immediate family member of the deceased, or that I have submitted written, notarized consent from the family of the deceased to apply for a roadside memorial on their behalf (see pgs. 6-8, below). To the best of my knowledge, no relative of the deceased will object to the placement of the memorial sign.

\_\_\_\_\_  
Sponsor/Applicant Name (Printed)

\_\_\_\_\_  
Sponsor/Applicant Signature

\_\_\_\_\_  
Date

2. *If applicable* - NAME OF THE SECOND DECEASED TO BE LISTED ON THE MEMORIAL SIGN:

Name(s) and relationship(s) of family member(s) who authorized application (*\*write "self" for name if sponsor/applicant and family member are the same*):

Name(s):

Relationship(s):

I certify that I am an immediate family member of the deceased, or that I have submitted written, notarized consent from the family of the deceased to apply for a roadside memorial on their behalf (see pgs. 6-8, below). To the best of my knowledge, no relative of the deceased will object to the placement of the memorial sign.

\_\_\_\_\_  
Sponsor/Applicant Name (Printed)

\_\_\_\_\_  
Sponsor/Applicant Signature

\_\_\_\_\_  
Date

3. *If applicable* - NAME OF THE THIRD DECEASED TO BE LISTED ON THE MEMORIAL SIGN:

Name(s) and relationship(s) of family member(s) who authorized application (*\*write "self" for name if sponsor/applicant and family member are the same*):

Name(s):

Relationship(s):

I certify that I am an immediate family member of the deceased, or that I have submitted written, notarized consent from the family of the deceased to apply for a roadside memorial on their behalf (see pgs. 6-8, below). To the best of my knowledge, no relative of the deceased will object to the placement of the memorial sign.

\_\_\_\_\_  
Sponsor/Applicant Name (Printed)

\_\_\_\_\_  
Sponsor/Applicant Signature

\_\_\_\_\_  
Date



## ROADSIDE MEMORIAL APPLICATION – SUBMITTAL CHECKLIST

Please accurately complete all information requested. Incorrect, incomplete, or misleading applications will not be processed, and El Paso County will notify the sponsor. The following documentation is required with the permit application submission. **Please confirm each item listed below has been completed or submitted with this application, by checking the sponsor/applicant column (or by writing “N/A,” if not applicable).**

Once this application is complete and all accompanying paperwork is gathered, please submit all documents together, either scanned (in color) as PDFs and via email to [rowpermit@elpasoco.com](mailto:rowpermit@elpasoco.com), -OR- originals via hard copy to: El Paso County Department of Public Works, RE: Roadside Memorial Sign Permit, 3275 Akers Drive, Colorado Springs, CO 80922.

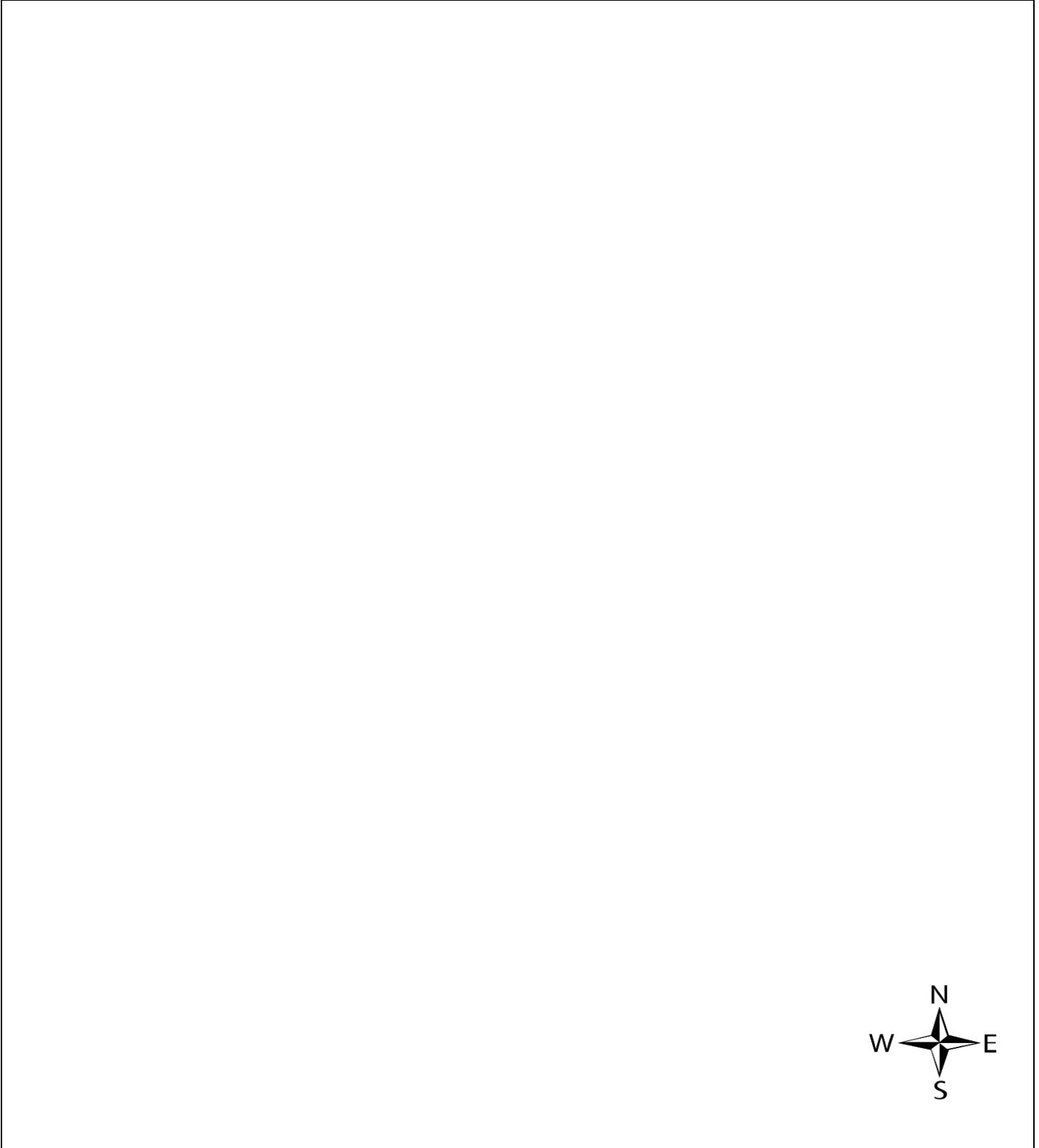
Sponsor / Applicant – check (✓) or write N/A	Submittal Item
	<b>ROADSIDE MEMORIAL SIGN APPLICATION</b> (pgs. 1-2):
	<b>Section I.</b> fully completed
	<b>Either</b> Section II. <b>or</b> Section III. fully completed
	<b>Section IV.</b> signed and dated
	<b>ROADSIDE MEMORIAL ATTESTATION(S)</b> (pg. 3)—completed, signed, dated
	<b>ROADSIDE MEMORIAL APPLICATION SUBMITTAL CHECKLIST</b> completed (pg. 4 - <u>this form</u> )
	<b>CRASH REPORT on DR3447 FORM</b> (submitted by law enforcement to Colorado Department of Revenue)
	<b>DEATH CERTIFICATE(S)</b> (for the deceased to be memorialized with this sign permit application)
	<b>TOXICOLOGY REPORT(S) or PROOF of DUI/DWAI CONVICTION</b> (*for fatal accidents involving a driver convicted of DUI/DWAI or who was shown by toxicology to have violated Colorado laws)
	<b>ROADSIDE MEMORIAL MAP/SKETCH</b> * <u>OPTIONAL</u> (see pg. 5)
	<b>ROADSIDE MEMORIAL – NOTARIZED CONSENT</b> * <u>IF CERTAIN CONDITIONS APPLY</u> (see pgs. 6-8)

Use this space (or attach additional page) for comments regarding this application, accompanying paperwork submissions, paperwork omissions, or special circumstances:



## ROADSIDE MEMORIAL MAP/SKETCH

(\*OPTIONAL - if location requested differs from the location on the DR3447 accident report form)



**ROADSIDE MEMORIAL – WRITTEN, NOTARIZED CONSENT –  
\*REQUIRED\* IF EITHER (OR BOTH) OF THE FOLLOWING CONDITIONS APPLY:**

1. The sponsor / applicant for this roadside memorial sign permit is **not** an immediate family member of the deceased.
2. The deceased proposed for the memorial sign **WAS A DRIVER WHO WAS IMPAIRED BY ALCOHOL or DRUGS** and the crash involved other victims (who may or may not have been injured or killed).

*\*If either (or both) of the preceding conditions apply to this permit application, then the sponsor-applicant must obtain written, notarized consent from the immediate family of the deceased or (depending on the circumstances of a DUI/DWAI crash) from the surviving crash victims (or their guardians), then submit written, notarized consent document(s) with this permit application.*

See the following sample consent documents, and take note: consent documents must be signed by the consenting individual *in front of a notary public – who will issue an oath (or affirmation) and notarize the signature.*

DISCLAIMER: By providing this consent information and sample forms, El Paso County, its Commissioners, Administrators, employees and agents make no representations of any kind, nor imply that they, in any way, support or endorse this application for a roadside memorial sign permit. This information is provided as samples of the type of documents required to be submitted with this permit application, if it meets certain conditions. Further, by providing this information, El Paso County, its Commissioners, Administrators, employees and agents are neither encouraging, nor permitting a sponsor-applicant to contact a crash victim or a family member of a crash victim, particularly if that contact would violate a court order. This information does not, and is not intended to, constitute legal advice; sponsors-applicants should contact their attorney for advice with respect to any legal matter.

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**ROADSIDE MEMORIAL – WRITTEN, NOTARIZED CONSENT:  
SIGN SPONSOR IS NOT AN IMMEDIATE FAMILY MEMBER**

I, \_\_\_\_\_, state that I am related to \_\_\_\_\_.  
[print full legal name] [print full name of memorial sign's deceased victim/driver]

Specifically, I am \_\_\_\_\_'s \_\_\_\_\_. As such,  
[print full name of memorial sign's deceased victim/driver] [print relationship, like mother, brother, etc.]

I do not object to this application for a memorial sign permit, and I do not know of any immediate family member who does object to this application.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Date]

State of: \_\_\_\_\_ )

)

County of: \_\_\_\_\_ )

Signed and sworn to [or affirmed] before me on \_\_\_\_\_, 20\_\_ by

\_\_\_\_\_ (name of individual making statement).

(SEAL)

\_\_\_\_\_  
Notary's official signature

\_\_\_\_\_  
Commission Expiration

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**ROADSIDE MEMORIAL – WRITTEN, NOTARIZED CONSENT:  
PROPOSED SIGN IS FOR A DECEASED DRIVER WHO WAS IMPAIRED BY ALCOHOL OR DRUGS**

I, \_\_\_\_\_, state that I am (**check one**):  
[print full legal name]

- a surviving victim of this crash who is age 18 years or older,
- the legal guardian of a surviving victim of this crash,
- an immediate family member of \_\_\_\_\_, who was killed in this  
[print full name of deceased victim]  
crash; specifically, I am the deceased's \_\_\_\_\_.  
[print relationship, like mother, brother, etc.]

As such, I do not object to this application for a memorial sign permit.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Date]

State of: \_\_\_\_\_ )

)

County of: \_\_\_\_\_ )

Signed and sworn to [or affirmed] before me on \_\_\_\_\_, 20\_\_ by

\_\_\_\_\_ (name of individual making statement).

(SEAL)

\_\_\_\_\_  
Notary's official signature

\_\_\_\_\_  
Commission Expiration

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