

## City of Commerce City Roadside Memorial Sign Program

The City of Commerce City will install a “Please Drive Safely” and/or a “Don’t Drink and Drive” roadside memorial sign when the following criteria are met, and upon application approval:

1. Fatal crash occurred within six years of application date.
2. Location of crash is within Commerce City limits and on roads under the jurisdiction of Commerce City.
3. Request is by the family of the victim(s) or other sponsor with the concurrence of the victim’s family.
4. For a “Don’t Drink and Drive” sign:
  - a. There must be a conviction for an alcohol or drug related traffic offense of the driver involved in a fatal crash who was in violation of Colorado’s DUI laws.
  - b. A sign cannot be erected for a fatal driver who is shown by toxicology reports to be in violation of Colorado’s DUI law, without concurrence of the family members of all the victims killed in the crash.
5. The applicant or sponsor will pay Commerce City \$125.00 to help defray the cost of the sign and its installation, maintenance and removal. Payment is due after city approval of the sign.

Commerce City will provide, install and maintain the sign, which will remain in place for six years from the initial date of the traffic accident. After six years, the sign will be removed by Commerce City and donated to the family.

Information concerning this program and sign applications is available from the Public Works Department, 8602 Rosemary Street, Commerce City, CO 80022 or by calling (303) 289-8137.

Examples of signs included in the program:



CITY OF COMMERCE CITY			
ROADSIDE MEMORIAL SIGN APPLICATION			
Name of person or group applying for sign		Type of sign requested (circle one) Please Drive Safely / Don't Drink and Drive	
Address		Email address	
City	State	Zip Code	Daytime Phone Number
Date of fatal crash		Location of crash	
Investigating Law Enforcement Agency (Accident report number, if available)		Name of the driver on accident report	
Victim's name(s) (as they should appear on the sign)	Victim's name(s) (as they appear on the accident report)	Victim's immediate family approval signatures	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Other comments			
_____			
_____			
_____			
_____			
_____			
For office use only below this line			
DUI Conviction Information			
Toxicology			
Is location within city limits? Yes / No (circle one)	Application authorization __ Approved __ Denied (check one)		
Signature	Name and Title of City Official		Date