



**Town of Ixonia**  
W1195 MARIETTA AVE  
PO BOX 109  
IXONIA, WI 53036

**Special Street Sign Request Application**

This application for a special sign installation will be used to review and document sign requests. If approved, signs will be placed at a location chosen by staff to best serve all residents of Newport. Special Street Sign **approval expires five (5) years from the approval of this request** and a new application is required. The sign(s) may be removed at the direction of the DPW Superintendent or when approval expires. Incomplete applications will not be processed. Signs covered with this application include, but are not limited to: CAUTION CHILDREN, DEAF/BLIND CHILD.

**Applicant must provide the following information (please print):**

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Residence Address Telephone

\_\_\_\_\_  
Mailing Address (if different from Residence Address)

\_\_\_\_\_  
email address

Sign Requested (please circle):  CAUTION CHILDREN  Other: \_\_\_\_\_

Description and location of issue:

\_\_\_\_\_  
Applicant Signature Date

APPROVED / DENIED

\_\_\_\_\_  
Department Signature & Date Expiration Date

Please return the completed application and all supporting information and documentation to the Ixonia Town Hall.

**In Person:** W1195 Marietta Ave, Ixonia, WI 53036 | **Mail:** PO Box 109, Ixonia, WI 53036 | **Email:** townhall@townofixonia.wi.gov