LED Sign Application

Complete all sections below. Use back for additional information.
Please submit at least 2 weeks before first requested display date.

Organization Information

Organization Name: _________________________________________________________________

Organization Address: _________________________________________________________________________________________

Purpose of Organization: _______________________________________________________________________________________

Applicant Information

Name & Title of Applicant: _________________________________________________________________

Phone: _____________________________ Best Time to Call: _____________________________

LED Sign Message

Date(s) requested for display (limit 7 days maximum) ______________________________

Preferred text colors: _________________________________________________________________

Message to be displayed: (may be limited, needs to be approved)

__________________________________________________________________________________

I have read and understand the “LED Sign Use Policy” and agree to abide by the policy.

Name: _______________________________________________________________ Date: ________________

Organization: _______________________________________________________________________________________________

Signature: ________________________________________________________________________________________________

Library Use: Please date and initial each line you fill in.

Date received: ______________ Decision: ______________ Notified applicant: ______________

2022-12