



**Town of Collins Public Library**

2341 Main Street – PO Box 470 – Collins, NY 14034-0470  
Phone: (716) 532-5129 Email: col@buffalolib.org

**LED Sign Application**

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

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**Organization Information**

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

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**Applicant Information**

Name & Title of Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

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**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: \_\_\_\_\_

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

*Date received: \_\_\_\_\_ Decision: \_\_\_\_\_ Notified applicant: \_\_\_\_\_*