



**Electronic Sign
Posting Request
Application**

Date of Application: _____

Applicant Name: _____

Organization Name: _____

Address: _____

Email: _____

Phone #: _____

Nature of the Requested Message: _____

Requested Text: _____

Requested Date Range to Post: _____

Signature of Applicant: _____

Town Use Only:

Accepted

Actual Text Posted: _____

Date Range Posted: _____

Rejected – Reason: _____
