REQUEST FOR INFORMATION FOR BOARD POSTING

DATE OF REQUEST: _____

ORGANIZATION: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE#: _____

REQUESTED POSTING DATE: _____

****

I HAVE READ THE GUIDELINES WHICH ARE LISTED ON THE REVERSE SIDE FOR POSTING SIGNS AND AGREE TO ABIDE BY THEM.

THE BOROUGH OF FLORHHAM PARK IS NOT RESPONSIBLE FOR ANY DAMAGE TO THE SIGN OR GUARANTEES THE CONDITION OF THE SIGN UPON RETURN TO THE ORGANIZATION. PLEASE INITIAL YOUR ACCEPTANCE AND UNDERSTANDING OF THIS POLICY ◻_____.

_____ _____

APPLICANT SIGNATURE **DATE**

ATTACHED SIGN DRAWING: _____ _____

YES **NO**

APPROVAL: _____ _____ _____

YES **NO** **DATE**

cc: **Borough Clerk**
Chief of Police
Director of Public Works