



Electronic Sign Use Application

Date:

First Name _____
Last Name _____
Name of Group /Organization _____
Address _____
City/State/Zip _____
Phone _____ Alt Phone _____
Email _____

Display Info

Title/Heading _____
Date of Event _____
Time of Event _____ Contact info: (if applicable) _____
Location _____
Dates being requested (2week max) from: _____ to: _____

Graphics/Other Details

*Please use box to outline design specifics- such as: layout and text. We will do our best to accommodate but cannot guarantee the appearance of any request. *See sign policy for more info.*

Please email completed forms to: execasst@rumfordme.org