



POLITICAL CAMPAIGN SIGN PERMIT APPLICATION

For (candidate's name) _____

NAME OF APPLICANT (if other than candidate) _____

MAILING ADDRESS: _____

TELEPHONE: _____

DATE OF APPLICATION: _____

I UNDERSTAND THIS POLITICAL SIGN PERMIT IS VALID ONLY FOR A PERIOD OF FORTY-FIVE (45) DAYS PRIOR TO THE ELECTION THROUGH SEVEN (7) DAYS AFTER THE ELECTION. I PLEDGE TO REMOVE ALL POLITICAL CAMPAIGN SIGNS WITHIN SEVEN (7) DAYS AFTER THE ELECTION FOR WHICH THE CANDIDATE IS SEEKING OFFICE.

ANY POLITICAL SIGNS NOT REMOVED, WILL BE REMOVED AT CANDIDATE'S EXPENSE.

POLITICAL CAMPAIGN SIGNS MUST COMPLY WITH SECTION 603.6 THAT IS ATTACHED.

SIGNATURE OF APPLICANT

APPROVED BY _____ DATE _____