MUNICIPAL ELECTRONIC SIGNS REQUEST

(Please print clearly – Do not hyphenate – One character per space.)

Date: _____

Dates requested (**two-week maximum**)

FROM: DATE: _____   TIME: _____   ___a.m./ ___ p.m.

TO: DATE: _____   TIME: _____   ___a.m./ ___ p.m.

Organization Requesting Use: _____

Person Submitting Request (PRINT): _____

Address: _____

Telephone: _____

E-mail: _____

Purpose of Event _____

_____

_____

X_____
    Signature of person making request

Submit completed form to tberkowitz@oceantwp.org or fax to 732-531-5286.

3/5/19