

LOGANSPOUR STREET DEPARTMENT

REQUEST FOR SIGN

Date: _____

Name: _____
(PLEASE PRINT)

Address: _____

Phone: _____

Type of sign: _____

Reason for request: _____

Preferred location of sign: _____

Residence: Do you: ___own ___rent

If this is an issue with neighbors, have you talked with them about the problem? _____

1. YOU MUST OBTAIN APPROVAL by the Chief of Police and Street Commissioner

Police Chief: Date approved: _____ Initial: _____

Street Commissioner: Date approved: _____ Initial: _____

Comment: _____

**COMPLETED FORM MUST BE SUBMITTED TO THE CLERK/TREASURER'S OFFICE BY
9:00 AM MONDAY PRIOR TO THE BOARD OF WORKS MEETING.**

The Board of Works meets each Wednesday at 9:00 a.m. in the City Council Chambers on the 3rd floor of the City Building, 601 East Broadway, Logansport, IN.

It is recommended that you attend the meeting in case the Board has questions regarding this request.