



TOWN OF PAXTON
697 Pleasant Street, Paxton, MA 01612
(508) 556-5743 Fax: (508) 797-0966

APPLICATION FOR USE OF ELECTRONIC SIGN

APPLICANT'S INFORMATION

Today's Date: _____

Applicant/Requestor: _____

Requested Display Dates: _____

Contact Person: _____

Contact Email: _____

PROPOSED LANGUAGE FOR MESSAGE:

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APPLICANT'S AGREEMENT

By signing below, applicant states that they have read and agree to the usage policy for the Town of Paxton's Electronic Signage. The applicant understands that any town event or emergency which occurs during the display time will take precedent over any other message.

Applicant's Signature

Printed Name

FOR OFFICE USE ONLY

Date Received:	_____
TA Approval/Rejection:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejection
TA Signature:	_____
Reason for Rejection:	_____ _____