ELECTRONIC SIGN MESSAGE APPLICATION



120 South Pleasant Street Belding, MI 48809 www.belding.mi.us

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616-794-1900

Instructions: For the City to best serve you, please print legibly and complete the application in full.

Name:	
Organization Name:	
Address:	
City/State/Zip Code:	
E-mail:	
Phone: Alternate phone:	
Message Start Date:	
Message End Date:	
Proposed exact wording requested for message: (Helpful hint – Due to limited space and to maximize visibility, keep message short and to the point. We will contact you for additional approval if message requires revi	
I certify that all information on this application is complete and accurate.	
Applicant signature: Date:	
FOR OFFICE USE ONLY: Method application received: (circle one) U.S. Mail E-mail Drop-box In-person Date received: Received by: Date approved: Date approved: Posted by: IF REVISION IS REQUIRED: Method contacted: (circle one) E-Mail Telephone Other: Date applicant contacted: Contacted by: Date:	