City of Chisholm

Electronic Sign, Message Request Form

Organization/Group Name: _____
Contact Person: _____
Telephone Number(s): _____
E-mail address: _____

- Type of Event: _____
- Date of Event: _____
- Time of Event: _____
- Location of Event: _____

Dates Requesting to Display Message:

- Begin: _____
- End: _____

Fax to: Fax # (218) 254-7955 or,
Mail, or Deliver Application To: City of Chisholm
MESSAGE SIGN
316 W Lake Street
Chisholm, MN 55719

Directions: Applications must be received at least 10 business days prior to requested message start date. Print the message as you would like to see it appear on the sign. Leave blank spaces in between words. Please keep details brief. The City reserves the right to deny, edit, or abbreviate if necessary – **One letter per box**.

I certify that I am authorized to submit this request by the organization identified above. Further, on behalf of the requesting organization, it is agreed that the City of Chisholm will not be held liable for any actions including errors or omissions regarding the processing, possible denial, possible acceptance or implementation of this message request including the display of the message.

_____ _____
Signature Date

_____
Print Name