

CHESTER COUNTY

# Schuylkill Township

## SIGN APPLICATION FORM

APPLICANT NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NAME OF NON-PROFIT ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NUMBER OF SIGNS: \_\_\_\_\_

PLACEMENT LOCATIONS: \_\_\_\_\_

TYPE OF SIGNS: \_\_\_\_\_

DATE SIGNS WILL BE PLACED: \_\_\_\_\_ DATE SIGNS WILL BE REMOVED: \_\_\_\_\_

DATE DEPOSIT OF \$75.00 PAID: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

If signs are not removed by date indicated above, the \$75.00 deposit is forfeited. Any deposit check not picked up within ninety (90) days after signs are removed will be destroyed by the Township.