

CANAL FULTON SAFETY CENTER

Electronic Message Board Application Must be completed in full:

Please print legibly or type:

Name of person requesting message: _____

Department/Agency _____

Phone Number of requester: _____

EXACT verbiage of message requested: _____

Start date of message: _____

End date of message: _____

Printed Name of Requester

Signature of Requester

Date requested: _____

Please keep in mind: The simpler the message, the better. The message should be brief enough for a driver of a vehicle passing by to be able to quickly read entire message, without being distracted from the road.



Forward completed and signed application to:

City Manager
Canal Fulton City Hall
155 E. Market Street
Canal Fulton, OH 44614

City Use Only:

APPROVED: _____
CITY MANAGER

DATE APPROVED: _____

Posted by: _____

Date Posted: _____