

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. **No more than 65 spaces (this will include letters, numbers, *and* spaces):**

Start date of message: _____

* End date of message: _____

*Messages displayed are valid for 30 days only. You may apply for two consecutive months. (You will need an additional, approved application, if doing so). Any time requested longer than two consecutive months, will require a 30 day break from message before re-running.

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: _____