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 onl consecutive months. (You will need an additions). Any time requested longer than two constay break from message before re-running.	onal, approved application, if doing
		Printed Name of Requester S	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	n 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:		