

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.