DIGITAL SIGN FORM

Please complete the information below. Email the completed form to townofconverse@comteck.com as it will go through our approval process.. Forms must be in turned in one(1) week before desired displayed date.

DATE:	
CONTACT NAME:	_
CONTACT'S PHONE NUMBER:	
CONTACT'S EMAIL:	
EVENT/ACTIVITY BEING DISPLAYED:	
DATE OF EVENT:	

BRIEFLY DESCRIBE the key message and/or event to be displayed. (please print clearly))

DATES FOR MESSAGE TO BE DISPLAYED:

SIGNATURE OF CONTACT: _____

The Clerk's Office reserves the right to approve/deny any submitted form based on the subject of the message, and may change the length of the message to fit the Digital Sign parameters.

(For office use)				
Approve	Don't Approve	Date	_	
$\bullet \bullet \bullet \bullet$	• • • • •			
210 N. JEFFERSON ST. Converse, IN 46919	(C ONVERSE INDIANA	76 TOWNOFCONVERSE@COMT	65.395.3459 ECK.COM