

RM OF ST. ANDREWS COMMUNITY SIGN REQUEST FORM

Name of Organization/Group: _____

Name & Title of Contact Person: _____

Phone Number of Contact Person: _____

Email of Contact Person: _____

Sign Location: South St. Andrews Petersfield Both

Week being requested: _____

(Information goes up Monday to Monday)

INFORMATION TO BE PUT ON SIGN

(PLEASE PRINT)

All requests are subject to availability.

TEXT BOX 1- EVENT TITLE

TEXT BOX 2- EVENT INFO (IE. DATE, LOCATION)

NOTE:

- The signs allow up to four lines of text. The Petersfield sign is limited to 12 character spaces per line – this includes the spaces between words.
- Information is placed on the reader board on Monday and is changed on the following Monday (with the exception of holidays).
- Ensure that your message is correct (e.g. date, times, spelling, etc ...)
- The RM of St. Andrews has the authority to abbreviate any messages as required.
- Please email submissions to rec.assistant@rmofstandrews.com

FOR OFFICE USE ONLY
DATE RECEIVED: