

# 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: \_\_\_\_\_