



**aurora**  
*parks & recreation*

**AURORA COMMUNITY SIGN REQUEST**

OFFICE USE ONLY:	
Approved: _____	Date: _____
Approved Sign Dates: _____	

**YOU MUST COMPLETE ALL OF THE FOLLOWING INFORMATION:**

TODAY'S DATE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

DATE REQUESTED TO BE ON THE SIGN: \_\_\_\_\_

\* Messages can be posted for a maximum of 1 week only\*

MESSAGE: (PLEASE PRINT CLEARLY)

LIMIT 20 SPACES PER LINE

One letter per space. Count 1 space for in between words

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return this form in person or fax to:  
Parks and Recreation Department  
129 West Pioneer Trail  
Aurora, OH 44202  
Fax: (330) 995-9154