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