CITY OF ROLLING MEADOWS
COMMUNITY EVENTS SIGN
REQUEST FORM:
Fax # (847) 483-0364

- **IN THE MESSAGE AREA PLEASE INDICATE WHAT MESSAGE YOU WOULD LIKE DISPLAYED ON THE COMMUNITY EVENTS SIGN**
- **<u>REQUESTS MUST BE IN 30 DAYS BEFORE THE MESSAGE IS TO BE DISPLAYED</u>**
- **<u>DURING THE MONTHS OF NOVEMBER & DECEMBER PLEASE ALLOW AT LEAST 60 DAYS NOTICE</u>**
- **MESSAGES WILL BE DISPLAYED FOR A ONE WEEK PERIOD** (unless special circumstances require a longer period, are approved, and space is available)

***_____ *_____ *_____**
Organization Contact Person Phone Number(s)

Sign should read as follows:

_____

_____

_____

☐**Please check box if you would like this message on Channel 6 (local access)**

☐**Please check box if you would like this message posted in the Trib Local Rolling Meadows Online Newspaper**

****The City Manager's office reserves the right to reject and/or edit any material.**

Date requested for display: From:_____ To:_____

Date Received:_____

Approved:_____

Disapproved:_____ Reason:_____