



City of Lawrence

Signs of Community Interest Application

APPLICANT INFORMATION				
Last Name:		First Name:		Middle Name:
Home Address	Street:		City:	State:
Business Address	Street:		City:	State:
Home Phone:		Alternate/Business Phone:	E-Mail Address:	
Describe the activity your signs would be promoting:				
Describe the proposed location of the signs:				
Describe the size and construction of the signs:				
Special conditions to follow: <ul style="list-style-type: none"> Signs will not obstruct the view of motorists or travel of pedestrians Signs will be removed by the applicant within 24 hours of completion of the advertised activity Signs shall not be placed in the public right-of-way 				

I hereby agree to comply with the rules and regulations of the City of Lawrence concerning this application.

APPLICANT'S NAME (Printed)

APPLICANT'S SIGNATURE

TODAY'S DATE

SIGNS OF COMMUNITY INTEREST APPROVAL (For Office Use Only)	
I hereby <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove this Application.	
	_____ City Clerk
	_____ Date