



TOWN OF WALLINGFORD TEMPORARY SIGN REGISTRATION

Registration Issued To: _____

Address: _____

Applicant's
E-Mail Address: _____

Type of
Sign: _____
(Type of sign, i.e. Banner, Ground, Wall)

Location of Temporary Sign: _____
(Address where sign is located)

Date Issued: _____

REGISTRATION DATES*:

FROM: _____ TO: _____ Sq. Footage of Sign: _____

FROM: _____ TO: _____ Sq. Footage of Sign: _____

FROM: _____ TO: _____ Sq. Footage of Sign: _____

FROM: _____ TO: _____ Sq. Footage of Sign: _____

FROM: _____ TO: _____ Sq. Footage of Sign: _____

FROM: _____ TO: _____ Sq. Footage of Sign: _____

*Temporary sign must be removed by close of business on the final date of registration.

WALLINGFORD PLANNING AND ZONING COMMISSION

AMY B. TORRE, LAND USE SPECIALIST/ZEO

PLEASE DISPLAY THIS REGISTRATION FORM PROMINENTLY AT YOUR ESTABLISHMENT. THANK YOU
(In Front Door or Front Window)