



TOWN OF WALLINGFORD TEMPORARY SIGN REGISTRATION

Registration Issued To: _____
(PLEASE PRINT)

Applicant's
Address: _____
(PLEASE PRINT)

Contact Name: _____ Contact Phone:_(_____) _____
(PLEASE PRINT)

Applicant's
E-Mail Address: _____

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

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

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.