

CITY OF SEBASTOPOL Public Works Department

714 Johnson Street Sebastopol, CA 95472 Phone: 707-823-5331

Fax: 707-823-4721

BANNER INSTALLATION APPLICATION

(Please attach a picture and description of banner colors and materials with your application.)

	<u>APPLICANT</u>	
Business Name:		
Contact Name:		
Address:		
Phone Number:	Fax Nu	mber:
Email Address:		
Name of Event:		
Dates of Event:	To:	
Number of Banners t	o be Installed:	
Requested Installation	n Date:	(time permitting)
FEES	NONPROFITS INSIDE CITY	NONPROFITS OUTSIDE CITY
Application Fee	\$361.00 + \$1.50 per	\$568.00 + \$1.75 per Banner
Bar	nner Application Fee: \$	_
Banners @ \$: \$		Date Paid:
	Total Fee: \$	Receipt #:
	For requested time period shall be on a first and payment of fees being required to est	
• The time period bety	ween Thanksgiving and New Years shall b	e reserved for holiday banners.
Banners are to be re	ceived no earlier than 3 business days before	ore they are to be installed.
•	cked up no later than 3 business days after	· ·
• The City of Sebasto	pol assumes no liability for damage or loss	s of banners.
By signing this form, y	ou acknowledge that you have read and	understand the information provided.
Signature:		Date:
Picked up by:		Date:

Print Name:

BANNER INSTALLATION APPLICATION BANNER SIZE SPECIFICATIONS

(Banners must be to the following dimensions. Printing on both sides is recommended.)



