

TOWN OF WALLINGFORD TEMPORARY SIGN REGISTRATION

REGISTRATION ISSUED TO: _____

ADDRESS: _____

TYPE OF
SIGN: _____

(Type of sign, i.e. *Banner, Ground, Wall*)

LOCATION OF TEMPORARY SIGN: _____
(Address where sign is located)

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

KACIE A. COSTELLO, TOWN PLANNER

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