



CITY OF COLUSA

425 WEBSTER STREET * COLUSA, CA 95932 * (530) 458-4740 * FAX (530) 458-8674

MEMORIAL PARK MESSAGE BOARD REQUEST FORM

CONTACT INFORMATION:

Name: _____ Date: _____

Organization: _____

Address: _____ Phone Number: _____

Email address: _____

Requested Dates: Start Date: _____ End Date: _____

MESSAGE INFORMATION:

Requested message: _____

By submitting this application with payment, I agree that I have read the City's Policies and Procedures regarding to placement and selection of messages at Memorial Park. I agree to those policies and I understand that there is no guarantee that my Message will be placed, and if my message is placed, there is no guarantee as to the duration that the message will be displayed. The fee is **\$50.00 per week** with a maximum of 2 weeks to be posted. All fees will be due and payable upon submitting application.

Signed: _____ Print Name Here: _____

For Internal Use Only:

Date Received: _____

Approved _____ Denied _____ Start Date: _____ End Date: _____