

**PERMIT FOR TEMPORARY SIGNS**

**LOCATION OF SIGNS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NUMBER OF SIGNS:** \_\_\_\_\_ **LENGTH OF TIME:** \_\_\_\_\_

**COMPANY/ORGANIZATION NAME:** \_\_\_\_\_

**FULL ADDRESS:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**There will be no charge for the permit, however if signs are not removed within ten (10) days after the final date on this permit, you will be fined for each sign in accordance with the Middletown Township Sign and Zoning Ordinances.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**