Town of Oakham
Electronic Sign-Use Application

Date:

First Name _____

Last Name _____

Name of Group
/Organization _____

Address _____

City/State/Zip _____

Phone _____ Alt Phone _____

Email _____

Display Info

Title/Heading _____

Date of Event _____

Time of Event _____ Contact info:
(if applicable) _____

Location _____

Dates being
requested
(2week max)   from: _____   to: _____

Graphics/Other Details

*Please use box to outline design specifics- such as: layout, text/background colors, pictures etc. We will do our best to accommodate but cannot guarantee the appearance of any request. *See sign policy for more info.*

☐ Check this box if you <u>do not</u> have a design preference

Please email completed forms to Maribel.larange@oakham-ma.gov