

Off-Site Sign Information must be completed in its entirety.

OFF-SITE SIGN INFORMATION: NEW ALTERATION

OFF-SITE SIGN COMPANY: _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

PHONE: () _____ **CONTACT:** _____

TYPE OF SIGN: (CHECK ALL THAT APPLY)

- STATIC TRIVISION VARIABLE MESSAGE
 SINGLE FACE DOUBLE FACE

Sign Face Orientation (Street Name)	Face 1	Face 2

Distance to next off-site sign (measured in both directions):

_____ • _____
DISTANCE (FT) DISTANCE (FT)

CERTIFICATE OF REMOVAL NUMBERS
