



TOWN OF WINCHENDON

109 Front Street
Winchendon, MA 01475
Tel: 978-297-0085
Fax: 978-297-1616

SIGN/BANNER REQUEST FORM

Date: _____

Name: _____ Telephone: _____

Address: _____

IF ORGANIZATION:

Organization Name: _____ Telephone: _____

Address: _____

Date of Event: _____ Location to be displayed: _____

Sketch of sign and its wording and/or graphics:

(Attach if necessary or use back of this sheet if more space is needed):

Signature of Applicant: _____

Fee: \$50.00

Rec'd. by: _____

OFFICE USE ONLY
Town Manager Approval

Date: _____

Winchendon Town Manager

COMMENTS:
