BOCA RATON CAMPUS TEMPORARY GROUND SIGN APPLICATION FOR ADVERTISING

Requester Information (Please Print)		Application MUST be submitted 7 days before signs are to be placed.								
Name:			Date:							
Telephone No:			Fax No:							
Department Name:			E-Mail Address:							
Campus Address:			Room No:							
EVENT INFORMATION (Please Pri	nt)									
Event Name:			Location:							
Event Name: Starting Date: Starting Time:			End Date:			End Time:				
TEMPORARY SIGNS (18x24 max. si					signs.					
Choose sign location(s) number: (See Attachment "D" for Locations)	1	2	3	4	5	6	7	8		
	9	10	11	12	13	14	15	16		
	17	18	19	20	21			•		
		Signs will be ready for pick up Signs to be placed on campus:					e 	Time		
Sign Text:		Pick-up location:								
						_				
Signs are to be removed from campus? Sign disposal: Return signs to requester after event?			Date: Yes:				Time: No:			
This request meets the requirements of t	his office	and is for	warded to	DCS, Space	ce Utilizatio	on & Analy	sis for cons	sideration.		
Vice President/Dean/Director Print Name				Date						
The advertising sign application has bee responsibility of the requesting department		ed and is a	pproved. l	t is unders	tood that fu	nding for th	nis sign req	uest is the		
Design and Construction - Space Utilization & Analysis						Date				
cc: Requester, Physical Plant, file										

Complete the entire form. Obtain signature of Director, Dean or Vice President, then forward to DCS, Space Utilization & Analysis (Bldg 69, Room 111 or email

wernera@fau.edu). A response will be returned to the requester within seven (7) days of receipt of request.

Form revised 8, 2018