EDGEWOOD

REQUEST FOR POSTING NO PARKING SIGNS

APPLICANT NAME _____

APPLICANT ADDRESS_____

CONTACT TELEPHONE _____

REQUESTED SIGN LOCATION _____

REASON FOR REQUEST _____

BEGIN DATE _____ TIME _____

END DATE _____ TIME _____

Desk Worker

Date Received: _____   Time Received: _____   Desk Worker Initials: _____

Place Request In Police Officer Mailbox for Approval

Police Officer

Date Received: _____   Time Received: _____

Date Approved: _____   Date Denied: _____   Officer Initials: _____

Date Posted: _____   Date Removed: _____

ONCE APPROVED, PLACE A COPY IN THE PARKING SIGN BINDER AT THE DESK