



SPECIAL EVENT / TEMPORARY SIGN APPLICATION

Please e-mail completed form to planning@olds.ca

APPLICANT INFORMATION

Name of APPLICANT	Phone
Name of ORGANIZATION	
Address of APPLICANT / ORGANIZATION	Postal Code
E-mail	

SIGN INFORMATION

CONTENT of Sign (Event being Advertised)		
Type of Sign	Dimensions of Signs	
Number of Signs	Sign Posting Start Date	Sign Posting End Date

Site Plan (Town Map) Attached

Name of APPLICANT (Please Print)

Signature of APPLICANT

DATE

OFFICE USE ONLY

Approved By: _____

Date: _____

The personal information on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used in order to process this form. Please forward questions or concerns to the FOIP Coordinator at 4512 46 Street, Olds, AB T4H 1R5. Phone 403-556-6981, Fax 403-556-6537, or email FOIP@olds.ca