City of Marco Island

Street Light Banner Permit Application

Please complete this form and submit it to the City of Marco Island Public Works Department at least four (4) weeks prior to the requested display period.

Applicant Information	
Organization Name:	
Contact Person:	
Mailing Address:	
City, State, Zip:	
Phone Number:	
Email Address:	
Event / Banner Information	
Event Name:	
Event Location:	
Event Date(s):	
Requested Display Dates:	
Number of Banners:	
Requested Pole Locations:	
upon request. Insurance & Contractor Info	ormation
	ormation
Insurance Provider:	
Policy Number:	
Coverage Amount: Installation Contractor:	
Contractor Phone:	
Deposit and Fee Deposit:*	\$500
Fee:*	
a. How many banners?:	
b. \$20 per banner	\$20
c. Fee (multiply a × b):	
*Deposit shall be separate check from F Make checks payable to "City of Marco Is	ee. Deposit check will be returned after successful removal of banners with no damage to street light support arms. sland"
Agreement	
I hereby certify that the informaticity of Marco Island Street Light	tion provided in this application is true and correct. I understand and agree to comply with the
Applicant Signature:	Date:

Date:

City Approval: