

## SOUTH FAYETTE TOWNSHIP BULLETIN BOARD MESSAGE APPLICATION

Organization:	Contact Name:
Address:	Address:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Email:	Email:

Preferred Date:	Alternate Date:
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TEXT OF MESSAGE: 5 ROWS, 16 LETTERS ACROSS including spaces


COMMENTS/QUESTIONS:

Please Complete and Return To:                      South Fayette Township  
Mike Hoy, Township Manager  
515 Millers Run Road  
Morgan, PA 15064

Please print and review the copy of the Township policy governing material to be displayed.

Signature:	Date:
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**FOR TOWNSHIP USE:**

<p>Information Availability:</p> <p> <input type="checkbox"/> IMMEDIATELY      <input type="checkbox"/> 24 HOURS  <input type="checkbox"/> 2-7 DAYS            <input type="checkbox"/> 1-2 WEEKS  <input type="checkbox"/> 3-4 DAYS            <input type="checkbox"/> OTHER _____ </p>	<p>Approved By:</p> <p> _____ Chief Administrator      _____ Denied  _____ Cable Committee            _____ Denied  _____ Council                            _____ Denied </p>
Staff Comments:	Date Processed: