

Directional Signage Application

Applicant Details	s:					
Name:						
Postal Address:						
Email:						
Phone Number:						
Company Name: (If Required)				Order Number: (If Required)		
I request the City	of Mount G	ambier to supply and	install the following	ng s	ign: New	Replacement
Signage: Fac		ility	Scenic	Scenic		
Туре:	Sin	gle sided	Double	Double Sided		
Attached to:	Stobie Pole		Existin	Existing Post		New Post
Requested word	ing on Sigı	n:				
Location of Sign:						
indicative cost pro	vided is for	a guide only and is n	ot a fixed quotation	on.	·	to erect will be charged. Any and this includes replacement
for whatever reason.						
Please refer to Powebsite (Council F			onal, Tourist and	Oth	ner Scenic Facility S	Signs, available on Council's
Applicants Signa	ture					
I have read and ag	gree to comp	ly with and understood	the above terms			
Name:	Т		Title:			
Signature:			Date:			
APPROVED WOR	RDING & L	OCATION OF SIGN	·			
Exact Wording:						
Location of Sign	:					
Authorisation Ap	proved by:	Approved	Declined Rea	son.	:	
Officer's Name:			Title:			
Signature:			Date:			