

Street Sign Request Form

Request Date: (the date this form was submitted to the Parish Office)				
Requested By: (your contact information) Name:				
Phone:	Email:			
Parish Ministry/Organi	zation: (What ministry/g	roup is making this re	equest?)	
Ministry/Group:				
Activity/Event: (What is t	he activity or event to be p	romoted by the stree	t sign?)	
Requested Message: (Near particular Starting Date and a from the start date/time thro are desired - such as message day – please contact the Paris Starting Date:	t a specific start Time of Da ugh a programmed Ending display only during specific h Office.)	y. Messages will be on Date and Time of Day	lisplayed continuously	
Ending Date: Time of Day: Message: (The message may be composed of any character, number or symbol available on a regular computer keyboard, including upper and lower case letters. Use the matrix below to compose your requested message, including spaces between characters; only one character per box.)				
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