

# REQUEST FORM INSTALLATION OF A DIRECTIONAL SIGN

(IN ACCORDANCE WITH THE LIGHT REGIONAL COUNCIL SIGNPOSTING STRATEGY AND GUIDELINES)

## DESCRIPTION

*(Proposed wording for the sign)*

## APPLICANT NAME & LIGHT REGIONAL COUNCIL RATES ASSESSMENT NO:

## POSTAL ADDRESS

*(Account to be sent to)*

## BUSINESS ADDRESS

*(Road/Street)*

## BUSINESS HOURS OF OPERATION

## PHONE NUMBER

## FAX NUMBER

## EMAIL

## LOCATION PLAN

*(Street and site where sign is to be installed. Attach separate plans if required)*

**EXISTING POST: YES / NO**

.....  
Signature

.....  
Date

### Office Use Only

Operations Manager Approved **YES / NO** Date ...../...../.....

Sign Type **D/S S/S**

Cost Calculation Attached

Applicant Advised of Cost ...../...../..... Applicant Approved Cost ...../...../.....

Invoice Sent ...../...../..... Invoice Paid ...../...../.....

Sign Ordered ...../...../..... Sign Installed ...../...../.....