

APPLICATION FOR DISPLAYS, EXHIBITS, OR STRUCTURES

PERSON OR ORGANIZATION MAKING REQUEST:		
ADDRESS:		
TELEPHONE:	DAYTIME	EVENING
EMAIL:		
CONTACT PERSON:		
DATES REQUESTED:		
PLEASE PROVIDE A BRIEF DESCRIPTION OF THE CON	NTENT AND PURPOSE OF THE DISPLAY, EXHIBIT, OR STUC	TURE:
PLEASE CHECK ONE OF THE FOLLWING: LOCATION:		
	**************************************	*****
I have reviewed this application and have the follow	wing comments:	
DATE	CLINTON COUNTY SHERIFF	
DATE:	CLINION COUNTY SHERIFF	
************	***************	·************
	COMPLETED BY STAFF ONLY	
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DATE REQUEST SUBMITTED:		
REQUEST APPROVED: :() YES () NO		
SITE APPROVED:		
DATES OF APPROVED USE:		
	BOARD OF CLINTON COUNTY COMMISSIONERS	
DATE ADDROVED.		
DATE APPROVED:		
RESOLUTION NO:		
		