

APPLICATION FOR DISPLAYS, EXHIBITS, OR STRUCTURES

PERSON OR ORG	ANIZATION MAKING REQUEST:		
ADDRESS:			
TELEPHONE:		DAYTIME	EVENING
EMAIL:			
CONTACT PERSO	ON:		
DATES REQUEST	ED:		
PLEASE PROVIDE	: A BRIEF DESCRIPTION OF THE CO	NTENT AND PURPOSE OF THE DISPL	AY, EXHIBIT, OR STUCTURE:
PLEASE CHECK C	ONE OF THE FOLLWING:		
SITE CHOICE:	• •	-	corner of S.South St. and W. Main St)
			(corner of S. South St. and W. Sugartree St.)
********	SIGN HOLDER - 1 Week only	•	********
******		ON COUNTY SHERIFF'S RESPONSE	
	CEINT	SN COUNTY SHERIFF 3 RESPONSE	<u> </u>
I have reviewed	this application and have the follo	owing comments:	
DATE:		CLINTON COUNTY SHERIFF	
*******	**********	********	*********
		COMPLETED BY STAFF ONLY	
		CONTRETED BY STATE ONE!	
DATE REQUEST S	SUBMITTED:		
	OVED: :() YES () NO		
DATES OF APPRO	OVED USE:		
		BOARD OF CLINTON COUNT	Y COMMISSIONERS
DATE APPROVED):		
DECOLUE: 03: 5: 0			
RESOLUTION NO	":		