

TRIANGLE SIGN APPLICATION FORM

The completed form may be personally returned to the Town Hall Receptionist or mailed to her at Town Hall, 200 South Greeley Avenue, Chappaqua, NY 10514, with a cash or check payment for the \$20 fee for each sign. Please make all checks payable to "Town of New Castle."

****Signs must be delivered to the Department of Public Works at 280 Hunts Lane before 3:00 pm on the Friday before the sign is to be posted. The Department of Public Works will be responsible for posting and removing all signs****

Chappaqua Triangle _____ Millwood Triangle _____
(Select One)

Name of Event: _____

Place of Event: _____

Not for Profit Organization: _____

Town: _____

Date and Time of Event: _____

Sign space reserved for week of: _____

Contact Name #1 : _____

Home #: _____ Office#: _____ Cell#: _____

Email Address: _____

Contact Name #2 : _____

Home#: _____ Office#: _____ Cell#: _____

Date of Application: _____

____ Yes, please add this event to the New Castle Community Calendar.

For Office Use Only:

Date Received: _____ Chappaqua _____ -or- Millwood _____

Enclosed: Check payable to Town of New Castle _____ -or- Cash _____