

**Town of Greensboro
PO Box 119
Greensboro, VT 05841
802-533-2911**

Sign Permit Application

1. Name of applicant _____

2. Contact information:

a) Phone Number _____

b) Email Address _____

3. If sign is for an organization, name of organization:

4. Where will signs be located?

a) 1st Location _____

b) 2nd Location _____

Signature of applicant _____

Today's date: _____

End Date: (2 weeks from application date): _____