



# CITY OF BUCHANAN

## ELECTRONIC SIGN USE APPLICATION

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### Organization Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Organization/Business: \_\_\_\_\_

Non-Profit: Yes / No

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Display Information

Title/Heading: \_\_\_\_\_

Date/Time of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Duration: \_\_\_\_\_

### Graphics/Other Details

Please send all logos to [mglоре@buchananga.gov](mailto:mglоре@buchananga.gov). We will do our best to accommodate but cannot guarantee the appearance of any request. Applicants can describe the layout, text/background colors, pictures, etc. in an attachment. *Please see sign policy for more info.*

Please check this box if you do not have a design preference.