TOWNSHIP OF HILLSBOROUGH

APPLICATION TO POST IN MUNICIPAL BUILDING

379 SOUTH BRANCH ROAD
HILLSBOROUGH, NJ 08844
908-369-3535 PHONE
908-369-6034 FAX

Check Type:

- ❑ Commemorative Banner or Ribbon
- ❑ Collection/Donation Box

Instructions:

- ❑ Complete one form per location and submit to Township Clerk by email to clerksoffice@hillsboroughnj.gov
- ❑ Application must be submitted at least one (1) week prior to event
- ❑ The organization is responsible for removing post no later than 3 days after the conclusion date of event
- ❑ Failure to comply will impact future applications

Organization Name: _____

Cause / Reason for Post: _____

Location of Post: _____

Start Date: _____ **Conclusion Date:** _____

Responsible Parties (*need 2 contacts*):

Contact 1 Name: _____

Mailing Address: _____

Phone #:_____ **E-mail:**_____

Contact 2 Name: _____

Mailing Address:_____

Phone #:_____ **E-mail:**_____

_____ _____

Responsible Party Signature **Date**

For Office Use Only:

_____ _____

Township Clerk **Date**