

**BOROUGH OF DRAVOSBURG  
POLITICAL SIGN DEPOSIT APPLICATION**

**PERMIT FEE      \$10.00 \***  
**DEPOSIT FEE    \$50.00**

- PRIMARY
- GENERAL
- SPECIAL

DATE: \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_

I, \_\_\_\_\_, submit this form with payment of a political campaign sign deposit for \_\_\_\_\_, who is running for \_\_\_\_\_.

(Print name of office of Seal)

I also acknowledge receipt of this form, which informs, me of the Borough's rules and regulations (Ordinance No. \_\_\_\_\_ attached) regarding political campaign signs.

I also acknowledge forfeiture of my deposit (and any costs incurred by the Borough to remove such signs), if signs are not promptly removed within five days after the election for which the signs are posted or used.

\_\_\_\_\_  
Signature

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

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**\*NON-REFUNDABLE  
PLEASE SEND TWO SEPARATE CHECKS**