

City of South Haven

Temporary Sign Application

CONTACT INFORMATION

Event Title: _____

Sponsoring Organization: _____

Contact Name: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

SPECIFIC INFORMATION

Nature of Event: _____

Sign Description (picture of sign showing dimensions **must** be included): _____

Location of sign(s) (attach drawing if needed): _____

Date(s) sign will be displayed: _____

*****Proof of insurance naming the City of South Haven as additional insured may be required if signage will be placed on City property, including the public right-of-way.*

INDEMNIFICATION AGREEMENT

The undersigned agrees and promises, as a condition of approval of this application to defend, indemnify, and save harmless the City of South Haven, its agents, officials and employees from all suits, claims, damages, causes of action or demands of any kind and character arising out of, resulting from, or in connection with the placement of said temporary signage.

Applicants Signature

Date

Return Application to: Building Services at City Hall, 539 Phoenix Street, South Haven, MI 49090