Updated: April 2012

Date to be removed:

The Corporation of the Township of Hamilton Requests for Electronic Sign Usage

Date:																
Name:																
Organization:																
Telephone No.:																
Email Address:																
Message:																
Ü																
																ı
					Note: 2	15 Chara	cters pe	er line in	cluding	spaces						
Date (to be																
entered):																
Date to be																
removed):																
Signature:																
Request Taken																
by: (Staff)																
_ ′ ` ′																
For Office Use																
Approved By Clerk:	Approved By Clerk:															
Date Entered:																

The Municipality is not responsible for verifying the accuracy of information except for Municipal Information.