



**CITY OF ROLLING MEADOWS
COMMUNITY EVENT REQUEST APPLICATION
Fax # (847) 483-0364 or clerk@cityrm.org**

- **Requests must be received 30 days before the message is to be displayed** (include any attachments with your application).
- **Messages will be displayed for a one week period** (unless special circumstances requiring a longer period are approved and space is available).
- **Please note: During the months of November & December please allow at least 60 days notice.**

* _____
Organization

* _____
Contact Person

* _____
Phone No.

* _____
Email Address

Indicate what message you would like displayed:

Please check each box relevant to your request:

- Electronic sign**
- Channel 6 (local access)**
- Facebook Page**
- Attachments included?**

Date(s) requested for display: From: _____ To: _____

****The City Manager's office reserves the right to reject and/or edit any material****

Date Received: _____

Approved: _____ Not Approved: _____

Reason: _____