

**APPLICATION TO PLACE BANNER(S) ON  
SOUTH WESTNEDGE AVENUE  
PEDESTRIAN OVERPASS**

**For Office Use Only**  
Date: \_\_\_\_\_ Received By \_\_\_\_\_  
Amt. Paid: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
w/Zip Code \_\_\_\_\_

Telephone number: \_\_\_\_\_

Name of individual making request: \_\_\_\_\_

Side of overpass requested: \_\_\_\_\_ north side only (up to 4 week limitation)  
\_\_\_\_\_ south side only (up to 4 week limitation)  
\_\_\_\_\_ both sides (up to 2 week limitation)

Dates requested for placement of banner(s): \_\_\_\_\_  
\_\_\_\_\_

Describe contents of banner (s): \_\_\_\_\_  
\_\_\_\_\_

Who will be erecting and dismantling your banner(s)? \_\_\_\_\_

Insurance company/agency providing required insurance coverage: \_\_\_\_\_  
\_\_\_\_\_

---

**For Clerk's Office Use Only**

Insurance certificate reviewed: \_\_\_\_\_

Request \_\_\_\_\_ approved

Request \_\_\_\_\_ denied Reason denied: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

(City Clerk or Deputy City Clerk)

---

Submit completed application form with picture or diagram of banner contents, appropriate fee (\$50 a week per side) and required Certificate of Insurance (if applicable) to:

City Clerk  
241 W. South Street  
Kalamazoo, MI 49007-4796