

Fee:	
Receipt/Check #:	

City of Osseo

415 Central Avenue Osseo, MN 55369-1195 P 763.425.2624 F 763.425.1111

www.DiscoverOsseo.com

Gateway Sign Message Application

The information provided on this form applicable laws if the information is sub			oursuant to d	ata prac	tices law and	the City will	comply v	with all		
Business or Event Name			Contact Person							
Business or Event Address			Phone Number							
		Oss	seo, MN							
<u>Email</u>			A fee of \$	es Requesto slide/week i ery message	must be					
Message Requested: The City may edit any messages being displayed in any manner deemed necessary (e.g., clarity, length, etc.) Brevity & a maximum of ~50-60 characters recommended.										
Graphics Requested? No Yes (if y Custom graphics for display the following week must be submitted to nabts@c and kbroden@ci.osseo.mn.us by the deadline. For optimum display, full screen be 630 x 1260 pixels.				i illiage de riovided						
Message Scheduling Messages will be programmed once displayed the following week. Monde within that time frame are also allow	ay mid-day – Mo			-			_			
Specify Start Date/Time, if not Monday mid-day Specify End				d Date,	Date/Time, if not Monday mid-day					
By signing below, I signify that I understand that City staff will be solely responsible for reviewing applications in accordance with the Gateway Sign Policy. Any decision made by City staff under this Policy may be appealed to the City Council upon written notice of the applicant's intent to appeal. Written notice must be provided to the City Administrator within 10 days of the time upon which the administrative decision being appealed is made. The applicant must pay any fee prescribed for administrative appeals in the City's official fee schedule before any appeal will be heard.										
Applicant Signature:				ı	Date:					
Administrative Approval		Fee		ı	Date					