



DANIEL HARRIGAN, MAYOR

**City of Akron
Street Pole Banner Program
Application**

Name of Organization _____

Address _____ City _____ Zip _____

Contact Person _____ Phone _____

(If billing address is different from above, please indicate below):

E-mail _____

Occasion for Banners _____

Date(s) of Event _____ To _____

Dates of Banner Hanging _____ To _____

(30 day period only)

Number of Banners _____

Number of Poles (**2 banners per pole**) _____

Preferred Locations _____

Check One:

_____ I will be using a previous banner design

_____ I will be using a new banner design
(Please submit a sketch or photograph of the new design)

Signature _____ Date _____

Return Application To:

Office of Integrated Development

Recreation and Parks

Community Events (Banners)

220 S. Balch St.

Akron, OH 44302

Phone (330) 375-2835