



TOWNSHIP OF ZORRA

APPLICATION FOR GRAFFITI ART/MURAL

1. APPLICANT (S):

Name: _____

Phone: Residence: _____

ORGANIZATION (if applicable): _____

Address: _____

Business: _____

Fax: _____

Postal Code: _____

E-mail: _____

2. PROPERTY/AMENITY TO BE PAINTED

Name: _____

Address: _____

3. DATE OF APPLICATION: _____

4. ART FORM REQUESTED: _____

5. DESCRIPTION OF GRAFFITI ART FORM (provide picture if possible)

6. REASON FOR REQUEST:

Signature of Owner/Applicant/Agent

Date

For the purposes of the Municipal Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to any person or public body any information contained in respect to this application for the purposes of processing this application.

Please return completed form to:

Submit to: Township of Zorra
P.O. Box 306
Ingersoll, ON N5C 3K5

For use by the Township

Roll number	
Date received	
Status of application:	<input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Approved with conditions <i>If application is approved with conditions, list said conditions below:</i>
Date approved/denied	