POLK COUNTY PUBLIC WORKS

TOURIST ORIENTED DIRECTIONAL SIGN APPLICATION

_____
Date of Application

_____
Name of Applicant/Firm/Organization   Type of Business

_____
Name and Title of Authorized Representative/Officer   Phone

_____
Applicant Address   City   State   Zip

_____
Requested location of the Signs

_____
Signature of Authorized Representative   Date

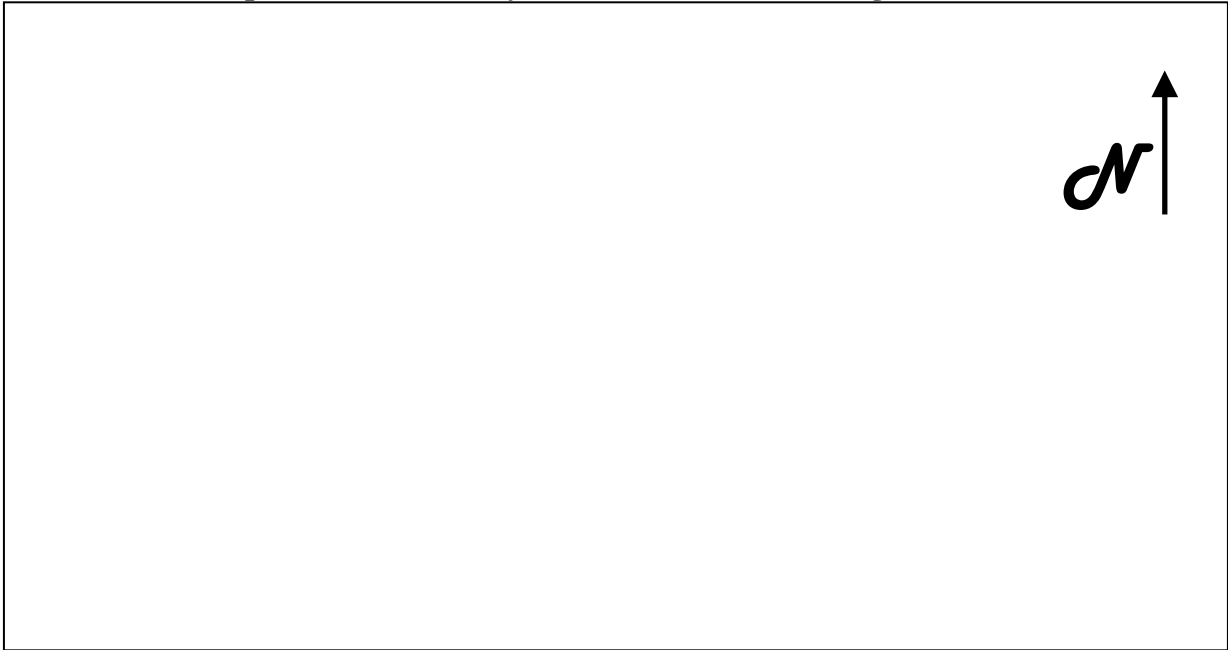Instructions:

1. Applicant organization must complete all information on the application forms.

2. Applicant organization must complete the "Conformity with Public Accommodation Laws" form attached.

3. Applicant organization must pay $250 for 2 standard T.O.D.S. signs. If the applicant organization is a qualified cultural, historical feature, non-commercial or civic enterprise, the standard charge may be waived. If you have a question as to whether your organization qualifies, contact Polk County Public Works.

4. Polk County Public Works will examine each application and determine the compliance of the location, wording and applicability of the information provided.

5. Upon approval, an invoice will be sent for the signs and payment will be required prior to the sign installation.

6. The Public Works Department will order the necessary sign material (approximately 2 to 4 week delivery of sign blanks) and produce and install the signs as soon as practical.
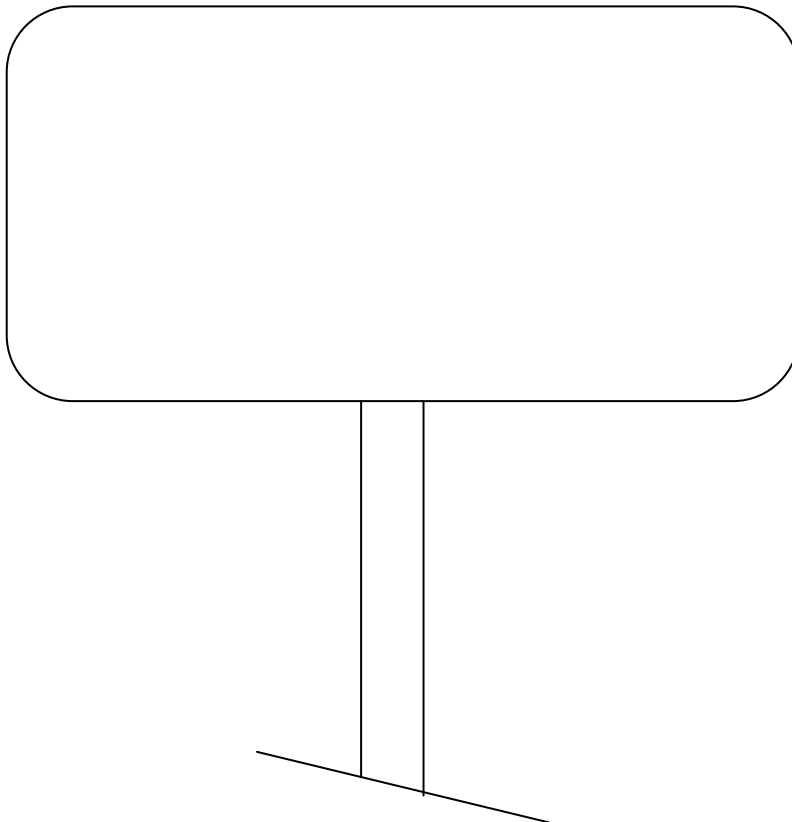
If you have any questions relative to the procedure or status of the request, please call Polk County Public Works at (503) 623-9287. Return completed form to: **Polk County Public Works, 820 SW Ash Street, Dallas OR, 97338 or Fax to (503) 623-0897.**

In the box below, please draw where you would like to see the signs located.

Please put what wording you would like the sign to say here:

CONFORMITY WITH PUBLIC ACCOMODATION LAWS

(As per Polk County Ordinance 35.120, 1)

I, _____ , owner

of _____ , state,

by my signature here affixed, that I do give assurance to the county that my

business will conform with all applicable laws concerning the provisions of public

accommodations without regard to race, religion, color, sex, or national origin,

and shall not be in breach of that assurance.

Signature: _____   Date: _____

Office Use Only:

Size of sign required: _____

Standard T.O.D.S. charge: $250.00

Payment received: Check # _____ $ _____ By: _____

Approved: _____   _____
                         Roadmaster   Date