

City of Coral Gables



SIGNAGE REQUEST

(CHECK ONE)

- OFF STREET PARKING
- DUMPING-TRASH,RUBBISH,JUNK
- BOTH

STREET ADDRESS OR LEGAL DESCRIPTION

I HEREBY REQUEST AND AUTHORIZE THE CITY OF CORAL GABLES TO POST SIGNAGE ON THE ABOVE DESCRIBED PROPERTY AND TO ENFORCE APPLICABLE ORINANCES.

Signature _____
(Owner)

Print Name _____
(Owner)

Daytime Tel. _____

Date _____

Return to the Parking Department by Fax (305) 460-5595