



# CITY CENTER BANNER APPLICATION



## ORGANIZATION

Name \_\_\_\_\_  
 Address/Street \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone/Fax \_\_\_\_\_ / \_\_\_\_\_ Email \_\_\_\_\_  
 Agent Name \_\_\_\_\_  
 Phone/Fax \_\_\_\_\_ / \_\_\_\_\_ Email \_\_\_\_\_

## EVENT

Name \_\_\_\_\_  
 Date(s) Begin \_\_\_\_\_ End \_\_\_\_\_

## BANNER SYLE

Light Pole Banner  
     Rectangular                      Quantity \_\_\_\_\_  
     Triangular                        Quantity \_\_\_\_\_  
 Traffic Pole Banner                Quantity \_\_\_\_\_  
 Street Banner                        Quantity \_\_\_\_\_

LOCATIONS REQUESTED \_\_\_\_\_  
 \_\_\_\_\_

## APPLICATION FEE (Submit with Application)

\$25.00 \_\_\_\_\_ Application Fee\* to be made out to Medford Urban Renewal Agency

## INSTALLATION

Date Requested \_\_\_\_\_  
 Date Approved \_\_\_\_\_

## REMOVAL

Date Requested \_\_\_\_\_  
 Date Approved \_\_\_\_\_

## INSTALLATION/REMOVAL FEE AND DEPOSIT (Submit with Application\*)

Light Pole Banner Deposit    \$110.00 \_\_\_\_\_  
 Traffic Pole Banner Deposit   \$110.00 \_\_\_\_\_  
 Street Banner Deposit         \$150.00 \_\_\_\_\_

\*Checks are to be made out to the below listed approved Contractor and submitted with Application. Contractor will bill final fee balance directly to the Organization. Organization shall make final Installation/Removal Fee payment directly to the Contractor.

INSTALLATION/REMOVAL CONTRACTOR:    Commercial Lighting, Electrical & Signs

## WAIVER, INDEMNIFY, DEFEND AND HOLD HARMLESS

Applicant waives any and all claims against Medford Urban Renewal Agency (AGENCY) and the City of Medford for damages to its banner(s). Applicant further agrees to hold harmless, defend and indemnify AGENCY, the City, their employees, agents and representatives from any claims for damages from any cause whatsoever, now and in the future, arising out of the storage, installation, display and removal of its banners.

\_\_\_\_\_  
 Organization Agent's Signature

\_\_\_\_\_  
 Date



## CITY CENTER BANNER APPLICATION



### Office Use Only

**SUBMITTAL DATES:**

Application \_\_\_\_\_ Insurance Certificate \_\_\_\_\_

Application Fee/Check No. \_\_\_\_\_ / \_\_\_\_\_ Banner(s) \_\_\_\_\_

Installation & Removal Deposit/Check No. \_\_\_\_\_ / \_\_\_\_\_

Approved: Yes \_\_\_ No \_\_\_ If not approved, reason: \_\_\_\_\_

Date Notified to Retrieve Banner(s): \_\_\_\_\_ Date Banner(s) Retrieved: \_\_\_\_\_