

## SIGN REQUEST FOR San Mateo County Parks Sign Shop

Agency/Department Name	Date:
General Description of Sign(s) Requested:	
Check which option applies:	
<ul><li>□ Reprint from a previous order</li><li>□ New sign</li></ul>	
# Requested: Suggeste	d Measurements (W x H in inches):
Suggested Text/Description (i.e. ro	ounded corners, etc):
*If you have a picture or drawing of sig	n, please attach to the email.
Suggested Letter Size (If Applicable): _	Approximate Date Needed:
☐ Printed on reflective material	
Suggested Backing Material (Metal, Pla	astic, Banner, Poster Board, Sticker):
☐ Check if you would like to receive	ve a draft of request prior to printing
Email address:	
Requested by:	Contact Telephone #:
Billing Address:	Mailing Address: Check if same as Billing: $\Box$
	PONY #:
Approved (Park Superintendent):	Date Approved:
Below is for Sign Shop Use Only:	
Materials:	Shop Hours:

Total Sign Request Cost: