



CITY OF TIMMINS Election Sign Deposit Form



Please complete the following:

Campaign Name: _____

Campaign Manager's Name: _____

Campaign Manager's Telephone Number: _____

Campaign Manager's Email: _____

Campaign Headquarters Mailing Address: _____

Signature of Sign Owner or Authorized Agent: _____

Date: _____

Please drop off the completed form along with payment to Service Timmins.

Office use only

- Security Deposit of \$200
- Received by: _____
- Date Received: _____