



City of Buchanan

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Electronic Sign Use Application

Organization Information

Date: _____

Name: _____

Name of Organization/Business: _____

Non-Profit: Yes / No

Address: _____

City/State/Zip: _____

Phone/Alt Phone: _____

Email: _____

Display Information

Title/Heading: _____

Date/Time of Event: _____

Location: _____

Duration: _____

Graphics/Other Details

Please send all logos to mglore@buchananga.gov. We will do our best to accommodate but cannot guarantee the appearance of any request. Applicants can describe the layout, text/background colors, pictures, etc. in an attachment. *Please see sign policy for more info.*

Please check this box if you do not have a design preference.