



OFFICE OF THE  
**TOWN ADMINISTRATOR**  
**TOWN OF MAYNARD**  
MUNICIPAL BUILDING  
195 MAIN STREET  
MAYNARD, MASSACHUSETTS 01754  
Tel: 978-897-1301 Fax: 978-897-8457

**APPLICATION TO INSTALL A SIGN ON TOWN PROPERTY**

**APPLICANT NAME:**

**CELL PHONE NUMBER:**

**EMAIL ADDRESS:**

**ORGANIZATION NAME:**

**ORGANIZATION DESCRIPTION (IN ACCORDANCE WITH POLICY):**

**PURPOSE OF THE INSTALLATION OF SIGN:**

**NAME THE TOWN PROPERTY AND EXACT LOCATION REQUESTED FOR  
INSTALLATION:**

**REQUESTED DATES AND TIMES OF INSTALLATION (INITIAL AND REMOVAL):**

**DETAILED DESCRIPTION OF SIGN:**

**ATTACH COLORED PICTURE (FRONT AND BACK) OF SIGN WITH  
MEASUREMENTS.**

**Only complete applications will be considered.**

**Complete applications may be submitted to:**

**Office of the Select Board**

**Phone: 978-897-1301**

**Email: [gwilson@townofmaynard.net](mailto:gwilson@townofmaynard.net)**

**Fax# 978-897-8457**