

CITY OF CARO

LIGHT POLE USAGE REQUEST

Date of request _____

Contact Person _____ Phone _____

Email _____

Name of organization _____

Address of organization _____

Dates requested _____

Purpose of message _____

Is this message open to the public Yes _____ No _____

Any other information _____

Signature _____ Date _____

CITY USAGE

Approved _____ Denied _____

City Council meeting date _____

Comments _____
