TOWNSHIP OF ZORRA

APPLICATION FOR GRAFFIT ART/MURAL

1. **APPLICANT (S):**

   Name: _____   **Phone: Residence:** _____

   ORGANIZATION (if applicable): _____

   Address: _____   **Business:** _____

   _____   **Fax:** _____

   Postal Code: _____   **E-mail:** _____

2. **PROPERTY/AMENITY TO BE PAINTED**

   Name: _____

   Address: _____

   _____

3. **DATE OF APPLICATION:** _____

4. **ART FORM REQUESTED:** _____

5. **DESCRIPTION OF GRAFFITI ART FORM (provide picture if possible)**

   _____

   _____

6. **REASON FOR REQUEST:**

   _____

   _____

   _____

   _____

   _____

   _____

_____   _____

Signature of Owner/Applicant/Agent   Date

For the purposes of the Municipal Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to any person or public body any information contained in respect to this application for the purposes of processing this application.

Please return completed form to:

Submit to: Township of Zorra
              P.O. Box 306
              Ingersoll, ON N5C 3K5