

**CITY OF LATROBE
INFORMATIONAL SIGN REQUEST APPLICATION**

Name of Organization: _____
Organization Address: _____

Organization Phone Number: _____
Organization Category: _____
Organization Contact: _____
Contact Information: Phone _____
Email _____
Date of Event: _____
Message:* _____

Dates to Display Message: _____

*Message may be a maximum of 5 lines, 23 characters per line.

Please submit application and payment to the following address:

City of Latrobe
901 Jefferson Street
Latrobe, PA 15650

The application may also be faxed to 724.537.4802 or emailed to rshadron@cityoflatrobe.com. Note that payment must be received prior to sign advertisement. Application must be submitted at least 20 days prior to requested date of event and will run for a maximum of 10 days prior to event. Frequency of message will be in accordance with the City of Latrobe information message sign policy adopted by the Board of Council.

FEE STRUCTURE

- Category 1: \$0
*Includes City of Latrobe, Adams Memorial Library, Latrobe GLSD
Park and Recreation, Latrobe Volunteer Fire Companies*
- Category 2: 1 Week – \$50 / 2 Weeks – \$75
*Includes Mutual Aid Ambulance EMS, Greater Latrobe School
District*
- Category 3: 1 Week – \$50 / 2 Weeks – \$75
*Includes Not for Profit and civic groups, foundations including faith-
based organizations, Greater Latrobe Athletic Associations, 501(c)
entities*
- Category 4: *For Profit Entities:* 1 Week – \$300 / 2 Weeks – \$550
Personal Message: 1 Week – \$50 / 2+ Weeks – Determined on a per
request basis