



Business Directional Sign - Request Form

Return forms to the Engineering Department

172 Main St., Killingly, CT 06239

860-779-5360/860-779-5326(fax)

Date of Request: _____

Business Name: _____

Contact Person: _____

Phone: _____

Fax: _____

Email: _____

Mailing Address: _____

Business Location: _____

Requested Intersections for signage: _____

Name on Sign: _____
Up to 21 letters ONLY

Fee Paid: _____
\$150 per sign (each sandwich) \$75 replacement cost

Authorization: _____
David Capacchione, P.E., Town Engineer

Request to Public Works to have sign made: _____
Date

Signs installed: _____
Date Initials

Notification to business: _____
Date

Example: **36" X 9"**

