



**The University of Georgia**

Facilities Management Division

**Grounds Department**

**REQUEST FOR TEMPORARY SIGNAGE**

**Date:**

**Department/Entity Requesting Temporary Signage:**

**Contact Person:**

**Telephone #:**

**E-Mail Address:**

**Description of Signage:**

**Dimensions of Signage:**

**Proposed Location(s) for Temporary Signage:**

**Proposed Date of Sign Placement:**

**Proposed Date of Sign Removal:**

**Please forward a sketch, photo, or mock-up of the proposed signage including dimensional information along with this form. Indicate general location(s) of signage on attached campus map.**

Contact: Chris Swann at [jcswann@uga.edu](mailto:jcswann@uga.edu)

Submit request to Grounds Department, 0201 Chicopee Complex, Athens, GA 30602

Telephone (706) 542-7530 // Fax (706) 583-0255