

**APPLICATION
FOR REQUEST OF SPECIFIC CUPOLA LIGHTING**

Name of Responsible Organization or Name(s) of Citizens Requesting Use: _____

Address _____ Phone _____

City/State/Zip _____ Email _____

Authorized Agent of Responsible Organization _____

Title _____ Phone _____

Address _____ City/State/Zip _____

Cupola Lighting Color Request (be specific) _____

Proposed Reason of Display (be specific) _____

Date of Proposed Use _____ Time (Start) _____ (Stop) _____

Other Important Facts _____

Contact Person for Request for Specific Color of Cupola Lighting is:

**Administrator
Seneca County Commissioners
111 Madison Street
Tiffin, Ohio 44883
419-447-4550
swilson@senecacountyohio.gov**



Request is GRANTED: _____



Request is DENIED for the following reasons: _____

Commissioner

Date

Judge

Date

County Administrator

Date