

## **HILLTOWN TOWNSHIP**

13 West Creamery Road P.O. Box 260 Hilltown, PA 18927

(215) 453-6000 Fax: (215) 453-1024

## **Political/Temporary Sign Permit Application**

Applicant(s)Name:		
Address:		
Phone:	Email Address	S:
Estimated number of sign	s to be erected:	(\$100.00 per 100 signs)
Received One Hundred signs to be erected in Hil		0.00) in payment for 100 political
election. Failure to remo	ove all signs within the s	wn — within ten (10) days after the specified time will result in charges compensation for labor involved to
<i>U</i> /		

## **Township Use Only**

Check Received	Deposit Returned
Date:	Date:
Amount Paid:	Amount Returned:
Check Number:	Check Number:
Employee Initials:	