



City of Clearwater
605 Cty Rd 75 NW
Clearwater, MN, 55320
Phone: 320-558-2428
www.clearwatercity.com
www.clearwatereda.com

EDA MESSAGE BOARD APPLICATION

The information provided on this form may be considered public data pursuant to data practices law and the City will comply with all applicable laws if the information is subject to a data request.

<u>Name of Contact Person:</u>	<u>Business or Event Name</u>	
<u>Contact Person E-mail</u>	<u>Contact Person Phone Number</u>	
<u>Business or Event Address</u>	Number of Slides Requested: <i>A fee of \$35 per slide/week must be included with every message application.</i>	
Clearwater, MN		

Message Requested: <i>The City may edit or require changes to any messages as deemed necessary (e.g., clarity, length, etc.). Brevity & a maximum of ~50-60 characters recommended.</i>	
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Will you be using a graphic/image for your message? ___ Yes ___ No
Media Requirements: *Graphics/photos for display must be submitted using PowerPoint or in .jpg format. For optimum display, graphics must be a minimum of 288x96 pixels. You must provide your own media for display.*

Message Scheduling
*Messages will be programmed once per week. **Complete applications must be received by 7:30 am on Thursday** for messages to be displayed the following week. Monday mid-day – Monday mid-day is the standard schedule. However, shorter display periods within that time frame are also allowed. Application forms and graphics may be submitted to kgramsey@clearwatercity.com*

<u>Specify Start Date/Time, if not Monday mid-day</u>	<u>Specify End Date/Time, if not Monday mid-day</u>
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By signing below, I signify that I understand that City staff will be solely responsible for reviewing applications in accordance with the EDA Message Board Policy. Any decision made by City staff under this Policy may be appealed to the EDA upon written notice of the applicant's intent to appeal. Written notice must be provided to the City Administrator within 10 days of the time upon which the administrative decision being appealed is made. The applicant must pay any fee prescribed for administrative appeals in the City's official fee schedule before any appeal will be heard.

Applicant Signature:	Date:
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Administrative Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Administrative Signature:	Date:
Fee Total: \$ _____		

Date Paid: ____ / ____ / ____ Paid by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> CC <input type="checkbox"/> Cash	<input type="checkbox"/> Message Scheduled
Amount Paid: \$ _____ Payment Received By: _____	