

**TEMPORARY GROUND SIGN APPLICATION FOR PARKING AND/OR EVENT**  
Application **MUST** be submitted at least **seven (7) business days** before the day of your event.

REQUESTER INFORMATION (Please Print)

Name: _____	Date: _____
Telephone No: _____	E-Mail Address: _____
Department Name: _____	Smart Tag#: _____
Campus Address: _____	Room No: _____

EVENT INFORMATION (Please Print)

Event Name: _____	
If applicable, additional Sign Text requested: _____	
Event Location: _____	Starting Date: _____ Starting Time: _____
Parking Lot Assigned: _____	End Date: _____ End Time: _____

TEMPORARY GROUND SIGNS – Please leave blank if you would like for FAU to determine best placement of signs.

Choose sign location(s): (**See Attachment “A” for locations)	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>A _____</td><td>B _____</td><td>C _____</td><td>D _____</td><td>E _____</td><td>F _____</td></tr> <tr><td>G _____</td><td>H _____</td><td>I _____</td><td>J _____</td><td>K _____</td><td>L _____</td></tr> <tr><td>M _____</td><td>N _____</td><td>O _____</td><td>P _____</td><td>Q _____</td><td>R _____</td></tr> <tr><td>S _____</td><td>T _____</td><td>U _____</td><td>V _____</td><td>W _____</td><td>X _____</td></tr> <tr><td>Y _____</td><td>Z _____</td><td>AA _____</td><td>BB _____</td><td>CC _____</td><td>DD _____</td></tr> <tr><td>1 _____</td><td>2 _____</td><td>3 _____</td><td>4 _____</td><td>5 _____</td><td>6 _____</td></tr> </table>	A _____	B _____	C _____	D _____	E _____	F _____	G _____	H _____	I _____	J _____	K _____	L _____	M _____	N _____	O _____	P _____	Q _____	R _____	S _____	T _____	U _____	V _____	W _____	X _____	Y _____	Z _____	AA _____	BB _____	CC _____	DD _____	1 _____	2 _____	3 _____	4 _____	5 _____	6 _____
A _____	B _____	C _____	D _____	E _____	F _____																																
G _____	H _____	I _____	J _____	K _____	L _____																																
M _____	N _____	O _____	P _____	Q _____	R _____																																
S _____	T _____	U _____	V _____	W _____	X _____																																
Y _____	Z _____	AA _____	BB _____	CC _____	DD _____																																
1 _____	2 _____	3 _____	4 _____	5 _____	6 _____																																

**FAU Office Use Only:**

**Each requested sign is \$3**

# of sign(s) requested: \_\_\_\_\_

Ground sign cost: \$ \_\_\_\_\_

Signs are to be removed from campus? _____	Date: _____	Time: _____
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This request meets the requirements of this office and is forwarded to the Office of the Associate Vice President’s Office for approval. The sign application has been reviewed and is approved. It is understood that funding for this sign request is the responsibility of the requestor.

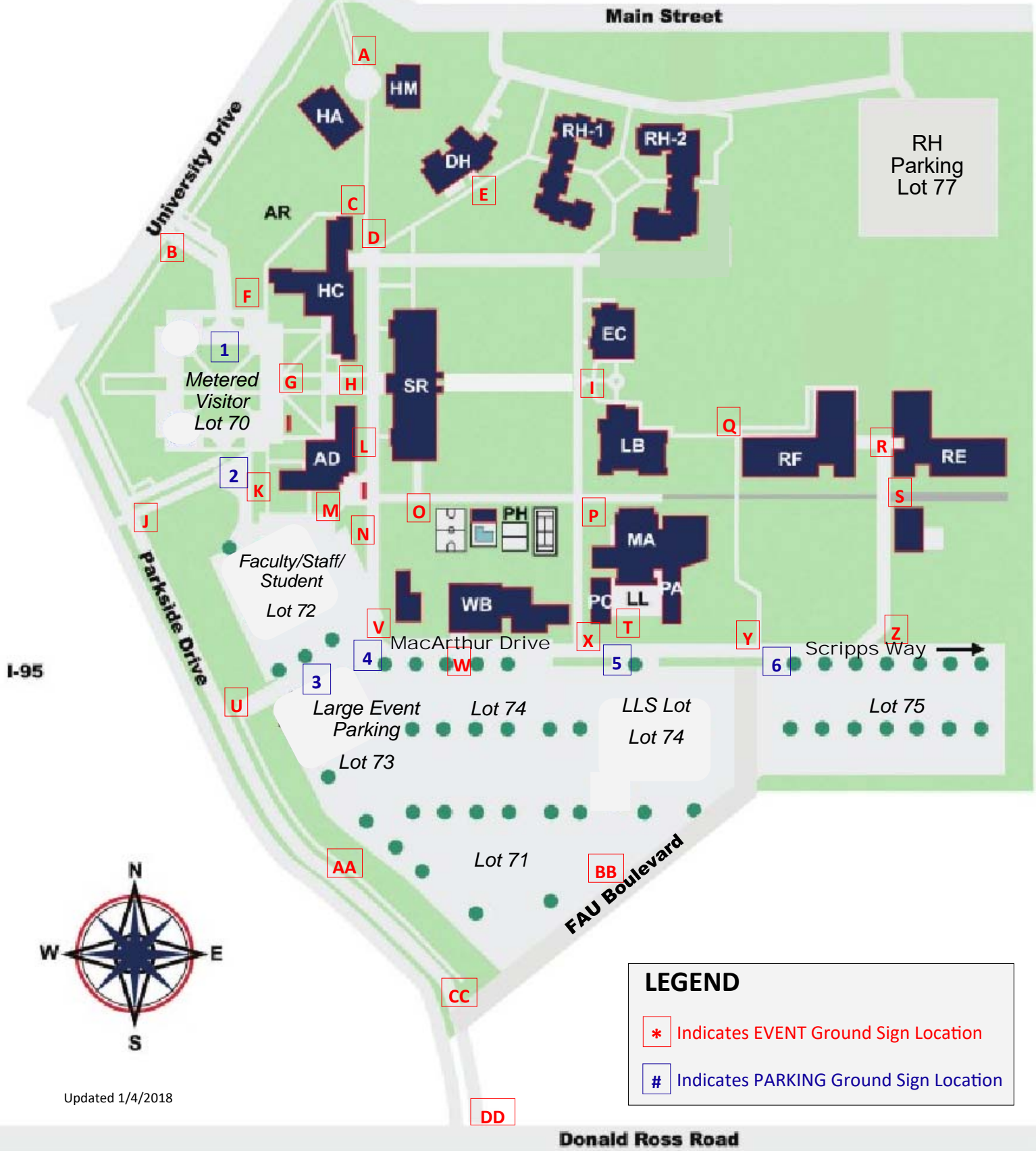
\_\_\_\_\_  
Michelle Kominarek, Assistant Director, Academic Operations

\_\_\_\_\_  
Date

cc: Requester, file

Complete the entire form and submit to the Office of the Associate VP Office (Bldg MC-02, Administration, Room 224, email to [mkominarek@fau.edu](mailto:mkominarek@fau.edu), or fax to 561-799-8502). A response will be returned to the requestor within three (3) business days of receipt of request.

\*\*\*To ensure proper navigation, refer to Attachment A on the following page and make sure the signs are adequately directing guests to your event.\*\*\*



## ATTACHMENT "A"

TEMPORARY GROUND SIGN LOCATION - JUPITER CAMPUS PLAN

FLORIDA ATLANTIC UNIVERSITY - JOHN D. MACARTHUR CAMPUS, JUPITER