CITY OF COOPER CITY
BUILDING DEPARTMENT

TEMPORARY POLITICAL SIGN BOND

CANDIDATE NAME:
CANDIDATE ADDRESS:
CANDIDATE CONTACT #:
AGENT CONTACT #:

AMOUNT: $	**RECEIPT #:**
STAFF SIGNATURE:	

REQUIREMENTS OF AND PRIOR TO BOND REFUND:

A Release of sign bond stating all signs have been removed from properties within Cooper City in compliance with City Code.

I, _____guarantee the removal of the temporary sign(s) within seven (7) days after the required removal date for the signs.

I,_____authorize the city to use all or part of the bond to cover the cost of removal of the signs, if the candidate or agent posting the signs does not remove the signs within seven (7) days after the required removal date for the signs.

I the undersigned understand and agree to the above requirements and further agree after completion of the above, that the City of Cooper City will refund the above bond amount.

PRINT CANDIDATE/AGENT NAME: _____ **DATE:** _____

CANDIDATE/AGENT SIGNATURE: _____

CITY OF COOPER CITY BUILDING DEPARTMENT
9090 SW 50 PLACE- PO BOX 290910, COOPER CITY, FLORIDA 33329-0910
PH: (954) 434-4300, EXT. #230, #227, #279, #262 – FAX (954) 680-1439

TEMPORARY SIGNS (Form A)

Person, Entity or Organization: _____

Per Section 25-24(l)(1)a,City Code, a person or organization placing temporary signs on nonresidential property shall provide a list of the proposed location of such signs.

Business/ Premises Name	Address *

TEMPORARY SIGNS (Form B)

Person, Entity or Organization: _____

In accordance with Sec. 25-24(l)(1)(b) of the Code, by signing below, the owner/lessee of the specified vacant property has authorized the above person, entity or organization to place signage on the specified property, and has further authorized City personnel to enter upon such property for the purpose of inspecting such signs for compliance with the Code.

Address *	Please Print Owner/Lessee Name	Signature of Owner/Lessee	Phone Number