FOR OFFICE USE ONLY:		
# of signs:	Install date: _	6-month survey date:



PRIVATE STORMWATER FACILITIES

EDUCATIONAL SIGN APPLICATION

Name of development, neighborhood, or Home Owners Association (HOA)			
Number of signs desired Your name (please print clearly)			
Email address (please print clearly)	Phone number		
Reason for requesting an educational s To replace a stolen or vandalized s To replace a sign damaged by the	_		
 □ To reduce littering at your stormw □ To educate residents about the ow □ To reduce or eliminate pet waste a □ To reduce use of the facility as red □ To reduce stormwater pollution in □ Other: 	nership the facility around the facility creation by residents		
development, neighborhood, or 2. That your group or organization necessary to properly install the 3. That the sign(s) will be installed weeks from the date this applic 4. That the City of Lacey Water Retthe sign(s) becomes damaged or	will supply the post(s) and associated hardware e sign(s) at your private stormwater facility d at the above mentioned address within 2 ration is signed esources will be contacted at (360) 491-5600 if		
Signature	 Date		