



POLITICAL SIGN DEPOSIT REFUND REQUEST

Please send completed request along with a copy of your
Political Sign deposit application to:

City of Sanford
Community Improvement
P.O. Box 1788
Sanford, FL 32772-1788

Candidate: _____ Date: _____

I certify that all campaign signs were removed per City of Sanford Code
(LDR Schedule K Section 6.1.)

Signature

Refund my deposit to: _____
(Name and address)

Internal Use Only:

001-0000-220.00-00

Account #

Amount

Department Head or Designee Approval

Date