Blade Sign Program 2022Application Form

Complete and submit the application form via email to ecdev@brooks.ca

Applicant name:
Mailing address:
Phone number:Email address:
Building Owner Information (If Different from Above)
Owner name:
Phone number:
Owner is aware of the application Obtained owner consent for the blade sign
Project Address Information
Business name:
Street address:
Telephone number:
Municipality: Brooks County of Newell Duchess Bassano Rosemary
Sign required: Perpendicular Under Canopy
Application Declaration
I understand that my submission of an application does not constitute a guarantee for funding under the Blade Sign Program. I further certify that:
 I have read and understand the eligibility criteria set out below: All information in this application is true and complete to the best of my knowledge; and If signage is approved, work will be completed in accordance with terms and conditions of the Blade Sign Program.
Applicant name: Date:
Applicant signature: