



CITY OF PORT ORANGE

CITY CLERK'S OFFICE
1000 CITY CENTER CIRCLE
PORT ORANGE, FLORIDA 32129
TELEPHONE (386) 506-5563
FAX (386) 756-5290

CAMPAIGN SIGN ACKNOWLEDGEMENT

CANDIDATE NAME: _____

AUTHORIZED REPRESENTATIVE: _____

PHONE NUMBER(S): _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

I hereby acknowledge receipt of and agree to abide by the Sign Codes set forth in the Land Development Code of the City of Port Orange. I understand that all signs will be picked up and discarded by Code Compliance Officers for the City of Port Orange in the event I, or anyone in possession of my campaign signs, violate such codes.

I further understand that the City of Port Orange requires that my campaign signs be removed within five (5) days after:

- (a) Withdrawal of my candidacy;
- (b) Having been eliminated as a candidate; or
- (c) Being elected to office.

Failure to remove my campaign sign(s) within the allotted time period may result in fees for reimbursement to the City of Port Orange at the rate of \$5.00 per sign removed.

Signed: _____

Dated: _____

Printed name: _____