City of Clearwater
605 CR 75 NW
Clearwater, MN, 55320
Phone: 320-558-2428
www.clearwatercitymn.gov

Fee: $10.00 per slide/week
$35.00 per slide/month

EDA MESSAGE BOARD APPLICATION

Applicants Information

The information provided on this form may be considered public data pursuant to data practices law and the City will comply with all applicable laws if the information is subject to data request.

Name: _____

Business or Event Name: _____

Owner(s)Address: _____

Phone Number: _____ **Email:** _____

Message Request

The City may edit or require changes to any messages as deemed necessary (e.g., clarity, length, ect.). Brevity & maximum of ~50-60 characters recommended

_____

_____

_____

Will you be using a graphic/image for your message: ☐ Yes ☐ No

Media Requirements: Graphics/photos for display must be submitted using PowerPoint or in .jpg format. For optimum display, graphics must be a minimum of 288x96 pixels. You must provide your own media for display.

Message Schedule

Messages will be programmed once per week. Complete applications must be received by 7:30 am on Thursday for messages to be displayed the following week. Monday mid-day – Monday mid-day is the standard schedule. However, shorter display periods within that time frame are also allowed.

Start Date: _____ End Date: _____

By signing below, I signify that I understand that City staff will be solely responsible for reviewing applications in accordance with the EDA Message Board Policy. Any decision made by City staff under this Policy may be appealed to the EDA upon written notice of the applicant's intent to appeal. Written notice must be provided to the City Administrator within 10 days of the time upon which the administrative decision being appealed is made. The applicant must pay any fee prescribed for administrative appeals in the City's official fee schedule before any appeal will be heard.

_____ _____

Signature **Date**

Please submit completed forms and payments to City Hall:

Email to kgramsey@clearwatercitymn.gov or

Mail to PO Box 9, Clearwater, MN 55320 or

In person at 605 CR 75 NW, Clearwater MN 55320 or drop box in rear parking lot

OFFICE USE ONLY

Administration Approval: ☐ Approved ☐ Denied

Administration Signature: _____ **Date:** _____

PAYMENT RECEIVED

Date Paid: _____ / _____ / _____ **Paid by:** ☐ Check # _____ ☐ CC ☐ Cash

Amount Paid: $ _____ **Payment Received By:** _____

☐ **Message Scheduled**