



CITY OF
SANFORD
 COMMUNITY IMPROVEMENT
 DEPARTMENT

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