



City of Rockledge, Florida

**AUTHORIZATION TO PLACE POLITICAL SIGN
ON COMMERCIAL PROPERTY**

Name of Property Owner: _____

Address: _____

City, State, Zip: _____

Phone Number: (____) _____

Property Address & Location of Sign: _____

Name of Candidate or Referendum Issue on Sign: _____

AUTHORIZATION FROM PROPERTY OWNER

I hereby authorize the placement of a political advertising sign on my property for the candidate or referendum identified above.

Signature of Property Owner: _____

Print Name of Property Owner: _____

Date Signed: _____
