

Street Address \_\_\_\_\_ Unit # \_\_\_\_\_

	<b>Location (street frontage)</b>	<b>Date</b>	<b>Tenant</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

	<b>Location (street frontage)</b>	<b>Date</b>	<b>Tenant</b>
21.	_____	_____	_____
22.	_____	_____	_____
23.	_____	_____	_____
24.	_____	_____	_____

**Return document to:**

**Municipal Law Enforcement Officer II**  
**T. 905.420.4611**  
**F. 905.420.9685**  
**Email Address [bylaw@pickering.ca](mailto:bylaw@pickering.ca)**

\_\_\_\_\_  
 Property Manager (please print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Property Manager Signature

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*. This information is collected for the purpose of approving a Sign Licence for the applicant's property. Any questions related to the collection of this information should be directed to the City Clerk, One The Esplanade, Pickering, ON L1V 6K7, 905.420.4611.

Alternate formats available upon request at 905.683.7575.