

Exhibit A

Lighting Request Form

Occasion Being Honored: _____

Organization Name: _____

Address: _____

Contact Name and Title: _____

Email: _____

Telephone: _____

Organization Website: _____

Organization Social Media: _____

Requests for specific colors/tones may not be able to be achieved due to limitations associated with lighting capabilities.

NOTE: You may request up to four colors (enter color name or hex value below)

Color 1: _____

Color 2: _____

Color 3: _____

Color 4: _____

NOTE: Requested duration cannot be for more than 5 consecutive days. The duration for each approved request is entirely at the discretion of the Union County Commissioners.

Start/End Date (or range) Requested: _____

Please describe your organization's request and how the lighting will be used to benefit the occasion/event: _____

Have you previously submitted a request to change the lights?

Yes No

Have you approached others with a lighting request for this occasion?

Yes No

Are other events associated with this request?

Yes

No

If lighting is approved, how will you promote the lighting?

(please select those that apply)

Advertisement

Brochures/Flyers

Email & Eblasts

Newsletter

News Media

Organization Brochure

Social Media and Website