



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**