

# Special Event Sign Permit Deposit Affidavit

**City of Brookhaven**  
4362 Peachtree Rd NE, Brookhaven GA 30319  
(404) 637-0500 Fax (404) 637-0501  
www.brookhavenga.gov

This affidavit must be completed, submitted, and accepted by the City of Brookhaven within seven (7) business days of the conclusion of the subject event. The form must be submitted, in person, to the City of Brookhaven during normal business hours unless receipt of the affidavit is otherwise verified in writing by authorized personnel via email or post mail.

Name of Event: \_\_\_\_\_ Event Dates: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**I certify that all signs associated with this event have been removed:  Yes  No**

### Affidavit of Sign Removal

*I certify that this sign affidavit is correct and complete. I understand that I am responsible for the removal of all signs associated with the subject event within seven (7) days of the conclusion of the event. I certify that I have verified that all signs have been removed in compliance with all City of Brookhaven Ordinances. I understand that failure to supply all required information will result in the rejection of this affidavit and, likewise, if any information from this affidavit is found to be false, the deposit will be forfeited and/or I may be prosecuted under penalty of law.*

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

Notary Public: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Departmental Use Only – City of Brookhaven Authorization

Permit Number: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Received within seven days of conclusion of event?  **Yes**  **No** Certification: \_\_\_\_\_