



PORT OF KINGSTON

Promoting economic vitality.
Enriching community life.

Community Welcome Sign Annual Application

Date of Submittal: _____

Organization Name: _____

Non-Profit Status: _____

Contact Name: _____

Contact Phone Number: _____ - _____ - _____

Email Address: _____@_____

Authorized Representatives (to submit requests - 2 maximum)

Signature

Position

FOR PORT OF KINGSTON USE ONLY

Approved by: _____

Approval Date: _____

Payment: (check one)

CASH

CHECK (Check # _____)

CREDIT CARD Type Visa MasterCard Discover American Express

Card Number: _____ Expiration Date _____

Security Number: _____