## Town of Blowing Rock Modular News Rack Application

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www.townofblowingrock.com

Publication Informa	ation			
Publication Name				
PublisherPhone				
How often is your pr	ublication issued?			
Type of Publication:	:   Free Publicati	ion   Coin-Operated		
Contact Information	n			
Name				
Street				City
	State	Zip	Phone	
Emai	1	Mailing		
Address				
Location Request				
Please check which	locations you are requ	esting and indicate the number of ca	abinets requeste	ed. Note that this
request does not gud	arantee placement of sp	pace(s) requested.		
<b>Location</b>	Total Available	Number of Cabinets Requested	<u>d</u>	
☐ Memorial Park	6 Coin / 4 Free	-	_	
☐ Gossip Park	6 Coin / 4 Free		_	
□ Post Office	6 Coin / 4 Free		_	
Applicant Signature	2	Date _		_
Fee: Coin-Operate	ed Spaces = \$100.00/y	ear Free Publication Spaces =	= \$50.00/year	
<b>OFFICE US</b>	E ONLY			
Date App. Received	Date Paid	Amount Paid Cl	k#	