

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 six colors (enter color name or hex value below)

Color 1: _____

Color 2: _____

Color 3: _____

Color 4: _____

Color 5: _____

Color 6: _____

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 ____