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| Portable Changeable Message Sign Approval Form | | | | | | | | | | | | |
|  | |  | |  |  |  |  |  |  |  |  |  |
| **Title of DelDOT Contract or Event:** | |  | | | | | | | | | | |
|  | |  | |  |  |  |  |  |  |  |  |  |
| **Requester's Name:** | |  | | | | | | | | | | |
| **Requester's Phone Number:** | |  | |  |  |  |  |  |  |  |  |  |
|  | |  | |  |  |  |  |  |  |  |  |  |
|  | |  | |  |  |  |  |  |  |  |  |  |
| **24 Hour Emergency Contact Info:** | | **Name** | |  |  |  |  |  |  |  |  |  |
|  | | **Phone No.** | |  |  |  |  |  |  |  |  |  |
|  | | **Cell Phone No.** | |  |  |  |  |  |  |  |  |  |
|  | |  | |  |  |  |  |  |  |  |  |  |
| **Start and End Date of Event:** | |  | |  |  |  |  |  |  |  |  |  |
| **Start and End Time of Event:** | |  | |  |  |  |  |  |  |  |  |  |
| **Location of Event - Town/City:** | |  | | |  |  |  |  |  |  |  |  |
| **Number of Units Requested:** | |  | | |  |  |  |  |  |  |  |  |
| **Specific Locations of Units Requested:** | | **1.** | | | | | | | | | | |
|  | | **2.** | | | | | | | | | | |
|  | | **3.** | | | | | | | | | | |
| **Approved Messages: (8 Characters** | |  | |  |  |  |  |  |  |  |  |  |
| **per line max. - 3 Lines per Panel)** | | **Unit #1 - Panel #1:** | | |  |  |  |  |  |  |  |  |
|  | |  | |  |  |  |  |  |  |  |  |  |
| **Forms for construction, maintenance or special event activities can be emailed to:**  **Michael Rivera**  **Special Events Manager**  [**Michael.Rivera@delaware.gov**](mailto:Adam.Weiser@state.de.us)  **169 Brick Store Landing Road**  **Smyrna, DE 19977**  **P: (302) 659-4080**  **F: (302) 653-2860**  **Forms for emergencies can be faxed or emailed to:**  **Transportation Management Center**  [**tmc1@delaware.gov**](mailto:tmc1@state.de.us)  **169 Brick Store Landing Road**  **Smyrna, DE 19977**  **P: (302) 659-4600**  **F: (302) 659-6128** | |  | |  |  |  |  |  |  |  |  |  |
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|  | | **Unit #1 - Panel #2:** | | |  |  |  |  |  |  |  |  |
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|  | | **Unit #2 - Panel #1:** | | |  |  |  |  |  |  |  |  |
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|  |  | | **Unit #2 - Panel #2:** | |  |  |  |  |  |  |  |  |
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|  | | **Unit #3 - Panel #1:** | | |  |  |  |  |  |  |  |  |
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|  | | **Unit #3 - Panel #2:** | | |  |  |  |  |  |  |  |  |
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| **Approved By:** | |  | | | **Date:** | |  | | | | | |
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| **Additional Notes:** | |  | | | | | | | | | | |
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