

# CITY OF WAYCROSS, GEORGIA

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## Handbill Permit

**Fee \$100.00**

Dates Valid: (From): \_\_\_\_\_ (To): \_\_\_\_\_

Location of Distribution: \_\_\_\_\_

Permit Issued To:

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

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

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Organization: \_\_\_\_\_

I have been provided with a copy of the Distribution of Handbills Ordinance of the City of Waycross and I agree to abide by this ordinance.

Anyone distributing handbills on my behalf will also follow the provisions of this ordinance.

\_\_\_\_\_  
Permittee's Signature

\_\_\_\_\_  
City Clerk (SEAL)

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

City Clerk's Office  
P.O. Drawer 99 Waycross, GA 31502-0099 (912) 287-2964