

# Confirmation of Temporary Signage Permission

Date: [Insert Date]

To: [Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to confirm the approval of your request for temporary signage at [Location/Address] from [Start Date] to [End Date]. The signage must adhere to the following conditions:

- Sign dimensions must not exceed [Specify Dimensions]
- Signage should be removed promptly after the permitted period
- All signage must comply with local regulations and guidelines

Please ensure that the signage is installed in a manner that does not obstruct traffic or violate any other city regulations.

If you have any questions or require further clarification, please do not hesitate to contact us at [Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Organization Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]