APPLICATION FOR USE OF MARTIN COUNTY SEAL

Applications for use of the Martin County seal must be submitted to the Martin County Office of Communications thirty (30) days prior to the date of the intended use. Applicants will be notified within seven (7) working days of receipt of the application. The application may be submitted in person, via email, or by US mail.

Please provide the information requested below. Incomplete forms will not be accepted.

Organization:			
Address:*			
Telephone:*		Email:*	
Representative:		Title:	
Address:			
Telephone:		Email:	
* If the organization does not have an provide the information for the author		•	please indicate this and
Please describe your organization and	its mission or pur	pose.	
How does your organization intend to (Attach a drawing/photo illustrating th		ounty seal and who is	your target audience?
The poster, illustration, advertisement	will be promoted	d via: (Please check all	that apply)
Print Website If other is checked, please describe:	Email	Social Media	Other
Start Date:	End Date:		
I have read, understand, and agree to	abide by the guid	elines for the use of tl	he Martin County seal.
Signature of Representative			Date
Signature of Representative			Dute
Please submit application to:			
Martin County Office of Comm	unications		
2401 SE Monterey Road Stuart, FL 34996			
Or			
communications@martin.fl.us			

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