

APPLICATION FOR USE OF GLEN INNES HIGHLANDS LOGO



COMPANY NAME			
CONTACT NAME			
STREET ADDRESS			
POSTAL ADDRESS (if applicable)			
Phone:			Email:
Logo File Type required	PDF <input type="checkbox"/>	JPEG <input type="checkbox"/>	EPS <input type="checkbox"/>
	PNG <input type="checkbox"/>	Other (please specify)	
Colour required	Full Colour <input type="checkbox"/>	Greyscale <input type="checkbox"/>	
Brief outline of intended use of logo			

PLEASE SUBMIT THIS COMPLETED FORM TO: Glen Innes Severn Council, PO Box 61, Glen Innes, NSW, 2370 or email: council@gisc.nsw.gov.au

GLEN INNES SEVERN COUNCIL OFFICE USE ONLY

RECOMMENDING OFFICER NAME		DATE OF RECOMMENDATION FOR APPROVAL/REJECTION	
RECOMMENDATION FOR APPROVAL	<input type="checkbox"/>	DATE OF RECOMMENDATION FOR REJECTION	<input type="checkbox"/>
COMMENTS:	REASON FOR REJECTION:		
GENERAL MANAGER SIGNATURE		DATE OF APPROVAL/REJECTION	
APPROVED	<input type="checkbox"/>	REJECTED	<input type="checkbox"/>
COMMENTS:	REASON FOR REJECTION:		