



# CITY COUNCIL POLICY

SUBJECT <b>DIGITAL BILLBOARD USE</b>	POLICY NO.	RESO. NO.	EFF. DATE	PAGE 8 OF 11
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## EXHIBIT D



### CITY OF DIXON DIGITAL BILLBOARD MESSAGE REQUEST APPLICATION

Organization/Group Name: \_\_\_\_\_

Contact Person(s) \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

E-mail address \_\_\_\_\_

Type of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Time of Event \_\_\_\_\_ Location of Event \_\_\_\_\_

Dates Requesting to Display Message:

Beginning: \_\_\_\_\_ End: \_\_\_\_\_

Mail, Fax or Deliver Application to:

City of Dixon  
Attn: Madeline Graf  
600 East A Street  
City of Dixon, CA 95620

Fax # (707) 678-1489      Phone # (707) 678-7000, ext. 1125  
e-mail: [mgraf@cityofdixon.us](mailto:mgraf@cityofdixon.us)

Applications must be received at least 14 business days prior to the desired posting date.

Print the message as it should appear on the Billboard. Under the City's Digital Billboard Use Policy, Non-City messages are limited to the name of the event, the sponsor, date, time and other specific factual details of the event. The City of Dixon reserves the right to reject all messages and to modify content and format for policy compliance.



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<b>DIGITAL BILLBOARD USE</b>				

Organization/Group Name:  
 Address of Organization:

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### Disclaimer of Liability

On behalf of the requesting organization, it is agreed that the City of Dixon will not be held liable for any improper or incorrect use of the information displayed on the Digital Billboard and that the City assumes no responsibility for any organization's use of the Digital Billboard. In no event may the City be liable for any damages, whether direct, indirect, incidental, special, exemplary or consequential regardless of cause, and on any theory of liability, whether in contract, strict liability, or tort (including negligence or otherwise) arising in any way out of the use of the Digital Billboard, even if advised on the possibility of such damage.

I certify that I am authorized to submit this request by the organization identified above.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name