

EST. 1784
WASHINGTON COUNTY
* IT ALL HAPPENS HERE *

Approval form for the use of WASHINGTON COUNTY LOGOS

Organization: _____ Date: _____

Contact: _____ Title: _____

Phone Number: _____ E-mail: _____

Purpose of logo usage: _____

Logo(s) requested: _____

Are you requesting the Washington County logo(s) for non-profit use? Yes No

Are you requesting the Washington County logo(s) for retail or for-profit use? Yes No

Comments: _____

NOTE: ALL REQUESTS WILL BE SUBMITTED TO THE WASHINGTON COUNTY CHAMBER OF COMMERCE FOR REVIEW. PLEASE SEND COMPLETED FORM AND PROPOSED ARTWORK, DESIGN, OR EXAMPLE OF INTENDED USE TO CHAMBER@WASHINGTONCOUNTYGA.COM.

FOR INTERNAL USE ONLY:

Date: _____ Approved Approved with changes Rejected

Comments: _____

Reviewer's Signature:

ONCE THE REQUEST IS SUBMITTED WE WILL NOTIFY YOU VIA EMAIL WITHIN TWO BUSINESS DAYS.