

Traffic Control Devices

STCDM GS-35

Section: Guide Signs

Subject: APPLICATION FORM

INSTITUTIONAL CAMP/CENTRE APPLICATION FORM

PART 1

Applicant: _____
(Non Profit Organization)

Address: _____

Postal Code: _____ Telephone Number: _____

Contact Person: _____

Email Address: _____

Saskatchewan Ministry of Highways (MoH) is requested to supply and install Institutional Camp/Centre sign(s) at the following location(s):

Highway #	Legal Land Location or GPS Coordinates	Distance from Highway to the Camp/Centre (km)	Name of Institutional Camp/Centre

Signature of Applicant _____ Date _____

Approved (MoH) _____ Date _____

Submit completed application form it to your nearest Regional Office: [Link to Regional Office Areas Map](#)