

Minnesota State University Moorhead

Chalking Registration Form

Name: _____ Date: _____

Address: _____ Phone #: _____

Organization: _____

You must be an officially recognized organization or department. Only MSUM groups may chalk.

Date of Chalking: _____ Date of Removal: _____

Purpose of Chalking & Location:

Check List:

- I have received and reviewed the chalking policy.
- I have received copy of map (no chalking allowed in any steps of building).
- I understand that I am (or organization) is responsible for the removal of all chalking.
I understand that I must use water-based chalk. Permanent marker is not permitted.

Signature of person submitting request: _____

_____ **(From this point downward Office staff only)** _____

To be completed by Director of Security:

Request: _____ Approved: _____ Denied: _____

Reason for Denial:

Authorizing Signature: _____ Date: _____

Date of Chalking: _____

Date of Removal: _____

Cost of Removal by University: _____