

County Construction Sign Portable A Frame Request

(Only areas circled are subject to change)

GOB

NON GOB

This Form to be Email to:
Makin Chery: cmakin@miamidade.gov
and Hernan Lopez: lopezh@miamidade.gov



Services Ticket

Index code

GOB Capital Project Number

Project Name

Project Number

Quantity required

Project Manager

Name: _____


Department: _____

Address: _____

Phone Number: _____

District Commissioner

Other Funding Source(s) (Max 3-logos)

 **For GOB Projects only**

Sign location address

Plus specific location of sign placement