



DEEP USE ONLY

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Anti-Idling Sign Request Form for Connecticut Schools

Name of School District/Town: _____

District Contact: _____

District Contact's Title: _____

Delivery Address: _____

Phone Number: _____

*E-mail: _____

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

Number of Schools: _____

Please check one: ☐ New

☐ Replacement (explain): _____

☐ Other (explain): _____

Additional Comments: _____

Please submit this completed form to:

Email: Lakisha.Stephenson@ct.gov

Email Heading: Anti-Idling Sign Request Form