



# NEW JERSEY TURNPIKE AUTHORITY SUPPLEMENTAL GUIDE SIGN APPLICATION



MAIL COMPLETED FORM TO: NJ Turnpike Authority  
P.O. BOX 5042  
Woodbridge, NJ, 07095  
ATTN: Office of Operations

**I** APPLYING ENTITY / ATTRACTION / DESTINATION, ETC.

BUSINESS NAME (IF DIFFERENT):  CONTACT NAME:

STREET ADDRESS:

ENTITY LOCATION OR ADDRESS (IF DIFFERENT):

CITY:  STATE:  ZIP:  COUNTY:

TELEPHONE:  FAX:  E-MAIL:

WEBSITE (IF APPLICABLE):

**II** DESCRIBE YOUR ENTITY, ATTRACTION, OR DESTINATION TO THE TURNPIKE AUTHORITY IN APPROXIMATELY 20 - 30 WORDS

**III** ROADWAY FOR REQUESTED SIGN:  N J TURNPIKE  GARDEN STATE PARKWAY INTERCHANGE(S):

NATURE OF REQUESTING ENTITY:  COLLEGE / UNIVERSITY  STADIUM / ARENA / HALL / AUDITORIUM

MILITARY  PARK / MONUMENT  RECREATION / GAMING / CULTURAL INTEREST  OTHER

LODGING (SKIP SECTION IV) → LOGO:  YES (ATTACH GRAPHIC)  NO; SIGN LEGEND REQUEST:

MEDICAL; SKIP ALL OTHER SECTIONS

**IV** TOTAL ENROLLMENT, ATTENDANCE OR PERSONNEL:  DORMS: Y / N

ANNUAL NUMBER OF TRIPS:  DRIVING DISTANCE FROM INTERCHANGE:  .  MILES  
 ARENA, STADIUM, AUDITORIUM, HALL (DECIMAL)

NUMBER OF PERMANENT SEATS:  10% DISTANCE CREDIT APPLIED:  YES  NO

**V** ALTERNATE SIGN LEGEND REQUEST, IF ANY:

ANTICIPATED OTHER ROAD JURISDICTIONS, IF ANY:

THIS APPLICATION SERVES AS AN INTRODUCTION BETWEEN THE NEW JERSEY TURNPIKE AUTHORITY AND YOUR ENTITY. THE OMISSION OF ANY INFORMATION WILL NOT INFLUENCE THE APPROVAL OR REJECTION OF THE APPLICATION AS THIS IS THE INTENT OF THE APPLICABLE WARRANT IN THE SIGN POLICY. YOU WILL BE CONTACTED THROUGH THE INFORMATION YOU PROVIDE IN THE EVENT THE NEW JERSEY TURNPIKE AUTHORITY REQUIRES MORE INFORMATION OR THE APPLICATION ADVANCES. EXCEPT MEDICAL FACILITIES, PLEASE ATTACHED ANY STATISTICAL VERIFYING INFORMATION AS SPECIFIED IN YOUR APPLICABLE WARRANT(S). LODGING FACILITIES MUST ATTACH A BUILDING FLOOR PLAN, A PARKING LOT OR SITE PLAN AND A GRAPHIC OF THE ANTICIPATED LOGO IN ADDITION TO ANY STATISTICAL VERIFYING INFORMATION.

Click to Print