

**REQUEST FOR PLACEMENT OF ROADSIDE MEMORIAL MARKER
MARTIN COUNTY BOARD OF COUNTY COMMISSIONERS**

DATE OF REQUEST _____ DATE OF CRASH _____

NAME TO BE PLACED ON MARKER _____

NAME OF ROADWAY AND WHERE THE MARKER IS TO BE PLACED

PERSON MAKING REQUEST

NAME _____

Respect the Rider

ADDRESS _____

Drive for Life

CITY _____

PHONE () _____

RELATIONSHIP TO THE DECEASED: RELATIVE: _____ FRIEND: _____

SIGNATURE _____

COMMENTS _____

The following section to be completed by a family member if different from the above.

AUTHORIZATION BY FAMILY MEMBER OF THE DECEASED

NAME _____

ADDRESS _____

CITY _____

PHONE () _____

RELATIONSHIP _____

SIGNATURE _____

COMMENTS _____

MARTIN COUNTY TRAFFIC USE ONLY

| | | |
|----------------|-----------------|-------------------|
| ROADWAY | INTERSECTION OF | |
| CONTACT PERSON | SIGNATURE | INSTALLATION DATE |