

PUBLIC WORKS DEPARTMENT

ROAD & BRIDGE DIVISION 2300 Virginia Avenue (Mail)

3158 Will Fee Road (Deliveries)
Ft. Pierce, FL 34982
(772) 462-2511

REQUEST FOR INSTALLATION OF MEMORIAL MARKER

| Name to Appear on Marker | |
|--|--|
| Date of Request | Date of Accident |
| LOCATION | |
| City & County Where Accident Oc | ccurred |
| Name or Number of County Road | d Where Accident Occurred |
| | de of road, landmarks, etc.) |
| | |
| PERSON MAKING THE REQUEST Name | Signature |
| (pri | |
| Address | |
| | State Zip |
| Phone () | Relationship to the Deceased |
| (Note: If friend only, you must s information) | ubmit written permission by a family member with signature and conta |
| FOR DEPARTMENT USE ONLY | |
| County Road No./Name | Nearest Cross Street Address/GPS |
| Date Marker Installed | |
| Approved By | Title (print) |
| Signature | Phone () |

This Memorial Marker will remain at this location for a minimum of 1 year from the installation date. Any additional ornaments or decorations placed at this marker will not be allowed. The County reserves the right to remove this marker at any time it deems necessary.