



## TEMPORARY ROADSIDE MEMORIAL APPLICATION

### 1. APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Relationship to Victim: \_\_\_\_\_

If not immediate family, attach family consent.

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. CRASH INFORMATION

Location of Crash: \_\_\_\_\_

Date of Crash: \_\_\_\_\_

Report No. \_\_\_\_\_

(Attach copy of crash report)

### 3. VICTIM INFORMATION

Victim's Name: \_\_\_\_\_

Victim's Name: \_\_\_\_\_

Victim's Name: \_\_\_\_\_

### 4. CERTIFICATION/ SUBMITTAL REQUIREMENTS

I have read and understand the information given on page 2 of this form and certify that the answers I have provided are correct to the best of my knowledge. I have also submitted a description of the memorial, including dimensions, method of placement and a photograph of the proposed memorial.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail application to: City of Buckeye Public Works, 23454 W MC 85, Buckeye, AZ 85326

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### DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENT USE ONLY

Application Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Date Denied: \_\_\_\_\_ By: \_\_\_\_\_

Location of Marker: \_\_\_\_\_

Remarks (If denied, state reason): \_\_\_\_\_

Date Sign Installed: \_\_\_\_\_ Date Sign Removed: \_\_\_\_\_