## TOWN OF BLOOMFIELD PUBLIC WORKS DEPARTMENT ROADSIDE MEMORIAL REQUEST FORM

INCIDENT DATE	
APPLICANT NAME	
APPLICANT CONTACT INFORMATION  Mailing Address  Telephone number  E-mail address	
ROADSIDE MEMORIAL INFORMATION  Memorial Location (Street number & Street)	
Memorial Description	
Memorial approx. installation date	
<ul> <li>Roadside memorials will remain in place for up to 14 days from the date of installation, at which time the registration will expire.</li> <li>The registrant or the family of the victim shall remove the memorial 14 day installation</li> <li>The registrant shall be responsible for the fabrication of the memorial and conform to all town requirements.</li> <li>Request for extensions of time may be submitted to the Town of Bloomfiel Department of Public Works. Upon receipt, the request will be reviewed by Town Manager and/or the Town Council.</li> <li>I have read and agree to comply with the Department's roadside memorial political contents.</li> </ul>	s after it must d , the
APPLICANT	Ε