

REQUEST FOR MEMORIAL RECOGNITION

REQUESTOR'S NAME: _____

MAILING ADDRESS: _____

CITY & STATE: _____

ZIP CODE: _____ **TELEPHONE NO.:** () _____

OSV ADDRESS: _____

E-MAIL ADDRESS: _____
(PLEASE PRINT)

NAME OF DECEASED HOMEOWNER: _____

RELATIONSHIP TO REQUESTOR: _____

DATE OF DEATH: _____

DATE SUBMITTED FOR PLAQUE: _____

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TO BE COMPLETED BY COMMITTEE:

DATE COMMITTEE RECEIVED REQUEST: _____

DATE COMPLETED: _____

REASON FOR REFUSAL OF REQUEST (IF APPLICABLE): _____

DATE LETTER SENT BACK TO REQUESTOR ON COMPLETION OR REFUSAL: _____

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FILE INFO: