

**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:** \_\_\_\_\_

.....  
**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:** \_\_\_\_\_

.....  
**FILE INFO:**