

City of Independence

Roadside Memorial Program Memorial Marker Application

Date of Application: _____

Resident Name: _____

Resident Street Address: _____

Phone: _____ Alternate Phone: _____

Name of Deceased: _____ Relationship to Deceased: _____
(Must be immediate family member: Parent, Sister, Brother, Spouse, Child)

Date and Location of Accident / Closest Intersection:

Marker to Read:

In Memory of: _____

Check if you desire any of the following on the memorial marker:

- Date of Accident
- Buckle Up
- Drive Safely
- Drive Carefully

I understand that if the requested memorial marker is to be placed in a residential area, I must obtain the signature of the resident whose property abuts the street where the memorial is to be placed before this application will be processed.

Resident Name (Printed) Signature Phone No. _____

I wish to be contacted to claim the marker after the two-year display period. If my contact information changes after submittal of this application, I will notify the Public Works Department at 325-7629.

My signature below confirms that I am an immediate family member of the deceased and have received a copy of the guidelines associated with the Roadside Memorial Program.

Applicant Signature