



Alachua County Public Works Department

MEMORIAL MARKER REQUEST

Requests for memorial markers must be made by immediate family members or friends, with requests from friends requiring the approval of the deceased's immediate family.

Date: _____

Name: _____

Address: _____

Phone No.: _____

Name of deceased: _____

Relation to deceased: _____

Location for Requested Marker: _____

Signature of Applicant: _____

***** OFFICE USE *****

Investigated By: _____

Recommendation: _____

If Installed - Date: _____

Location Installed: _____