

MEMORIAL/TRIBUTE PROGRAM APPLICATION

Applicant's Name: _____

Street Address: _____

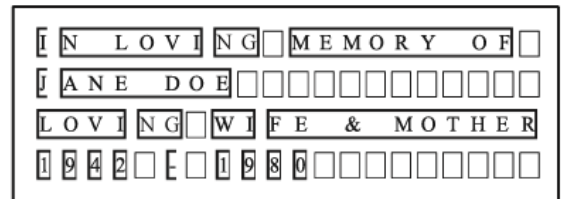
City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Name of person to be Memorialized: _____

Dates of life (if applicable): _____



Memorial/Tribute Inscription (Up to 4 Lines, 20 Characters per Line):

Preferred Location:

Downtown Thomaston City of Thomaston, Park City of Thomaston, Government Property

Preferred location (i.e.: lakeside park): _____

Type of Memorial:

Park Bench Steel Bench Tree Swing Bike Rack Plaque

Signature of Applicant: _____ Date: _____



City of Thomaston
Public Works Department
303 Veterans Drive
Thomaston, GA 30286
706-647-7144



<p>Make check or money order payable to the <u>City of Thomaston</u>.</p> <p>Type Payment: ___ Check ___ Money Order</p> <p>Amount Paid: \$_____ Date Paid: _____</p> <p>Received By: _____</p>
