



## ROADSIDE MEMORIAL REGISTRATION

**Please fill in the requested information:**

Name of Registrant (include husband & wife if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Relationship of Registrant to Deceased: \_\_\_\_\_

*Note: If the registrant is not related to the deceased, the registrant must provide evidence of written consent from the deceased's family.*

Location of the public right-of-way requested for use (please enclose a general vicinity drawing, including adjacent streets and/or alleys): \_\_\_\_\_

*Note: Unless ACHD consents in writing, no roadside memorial may be located within or encroach upon any paved portion of the right-of-way.*

Date memorial was/will be installed: \_\_\_\_\_

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*For ACHD use only:*

Date of Inspection: \_\_\_\_\_

Comments: \_\_\_\_\_

Reviewed by: Traffic Services  Zone Inspector