



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: _____

For ACHD use only:

Date of Inspection: _____

Comments: _____

Reviewed by: Traffic Services Zone Inspector