

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
REQUEST FOR INSTALLATION OF MEMORIAL MARKER

850-050-05
MAINTENANCE
08/13

Details about this program and DOT contact information can be found at:
www.dot.state.fl.us/statemaintenanceoffice/

Name to Appear on Marker _____
Date of Request _____ Date of Accident _____

LOCATION

City & County Where Accident Occurred _____
Name or Number of State Road Where Accident Occurred _____
Description of Location (which side of road, landmarks, etc.) _____

PERSON MAKING THE REQUEST

Name _____ Signature _____
(print) Email _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ Relationship to the Deceased _____
(Note: If friend only, you must submit written permission by a family member with signature and contact information)

FOR DEPARTMENT USE ONLY

SR/US No. _____ Section _____ MP _____
Date Marker Installed _____
Approved By _____ Title _____
(print)
Signature _____ Phone (____) _____

This Memorial Marker will remain at this location for a minimum of 1 year from the installation date. Any additional ornaments or decorations placed at this marker will not be allowed. The Department reserves the right to remove this marker at any time it deems necessary.

Florida Department of Transportation
Palm Beach Operations Center
7900 Forest Hill Boulevard
West Palm Beach, Florida 33413

Contact: Helene Grayson

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