

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

850-050-05
MAINTENANCE
06/19

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.