Hillsborough County
Memorial Marker Request Form

Please print all information

I. Name of Deceased: ______________________________________

Date of Accident: ______________________________________

City where accident occurred: _____________________________

Location of accident: __________________________________

Nearest Cross Street: ___________________________________

II. REQUESTOR’S Name: _________________________________

Address: ______________________________________________

City, State, Zip: _______________________________________

Contact Number: _______________________________________

Email Address: _________________________________________

Relationship to Deceased: _______________________________

Signature and Date: ____________________________________

III. Would you like the marker personalized with the name of the deceased? Yes [ ] No [ ]

IV. Upon removal of the marker, after the one year installation date, would you like to retrieve the marker from Traffic Operations? Yes [ ] No [ ]

If yes, the memorial marker will be retained at Traffic Operations for 30 days after removal.

** Please be advised, the memorial marker will be placed in an appropriate location based upon engineering judgement.

Complete this portion if requestor listed above is not a relative.

By signature below and as a family member of, I am approving the above request to have a memorial marker installed for our loved one. Hopefully, this will help to increase public awareness of roadway safety and to memorialize people who have died as a result of vehicle-related crashes.

Print Name: ___________________________________________

Signature: ____________________________________________ Date: ______________

Relationship to Deceased: ______________________________

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