WALTON COUNTY ROADWAY MEMORIAL MARKER REQUEST FORM

Requester Information

Full Name: _____ _____ _____
Last *First* *M.I.*

Address: _____ _____
Street Address *Apartment/Unit #*

_____ _____ _____
City *State* *ZIP Code*

Home Phone: **( )** _____ Are you immediate family member of the deceased?(circle one) **YES** **NO**

(No, please attach written approval from the immediate family of the deceased)

Deceased Information

Full Name: _____ _____ _____
Last *First* *M.I.*

Location of Accident _____ _____

Date of Accident: **MM/DD/YY** _____ County District: _____

Mail request, check or money order in the amount of $75, payable to THE BOARD OF COUNTY COMMISSIONERS to:

Public Works (Memorial Request)
97 Montgomery Circle
DeFuniak Springs, FL, 32435

Signature of Requester: _____