



Lincoln Transportation and Utilities
Roadside Memorial Application

Applicant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Relationship to Deceased: _____

If applicant is not a member of the immediate family of the deceased, do you have approval in writing from an immediate family member to make this request? (Written approval must be submitted with application.) Yes _____ No _____

Deceased's Name: _____

Date of Crash: _____

Location of Memorial

Street Address: _____

At Intersection (if applicable): _____

Distance From Nearest Intersection: _____

Office Use Only

Request Approved? (Initial) Yes _____ No _____ Date: _____

Permit # RM _____

Does memorial currently exist? Yes _____ No _____

Date for removal: _____

Termination letter sent date: _____

Inspection for removal date: _____