

Friends of the Pere Marquette Rail Trail Mile Marker Memorial Sign Application

APPLICANT INFORMATION

Name _____ Date _____

Telephone Number including area code _____

Address _____

Street address City State Zip Code

Email Address _____

Alternate Name and contact information _____

Proposed Mile Marker Location (mile 4-20) _____ or closest available

There are 2 inscription options (please choose one):

- *"In Loving Memory of (please fill in name) e.g. Mary Smith"*

- *"(Name- e.g. Mary Smith)... Friend of the Trail"*

I, _____,

understand that if the memorial sign under this application is damaged intentionally or unintentionally (by vandalism, weather, or any other event), or needs to be removed for any other reason after the 10 year period from the date of installation, that the donor agrees that the Friends of the Pere Marquette Rail Trail (FPMRT) may remove the sign at its discretion. However, if the plaque is damaged intentionally or unintentionally (by vandalism, weather, or any other event) during the initial 10 year period it will be replaced by the FPMRT at our cost.

Please note: *The donor is responsible for updating contact information to make sure that the FPMRT has accurate information.*

Signed and agreed to on this ___ day of _____, 20_____

Signature _____

Printed Name _____

FOR OFFICE USE ONLY:

Accepted by _____ Date _____

Cost \$ _____ Paid \$ _____ Date _____

Application reviewed and approved by staff _____ Date _____

* Please send completed application and payment by check to:

Friends of the Pere Marquette Rail Trail

P.O. Box 505

Midland, MI 48641