

# 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