

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

(or complete electronically on website)