

Temporary Roadside Memorial Registration Form

REGISTRANT NAME

TODAY'S DATE

REGISTRANT CONTACT INFORMATION

Home phone number

Cell phone number

Email address

RELATIONSHIP TO THE DECEASED

- ☐ Immediate Family (parent, child, spouse, sibling, grandparent or grandchild)
- ☐ Extended Family
- ☐ Friend
- ☐ Other

DECEASED'S NAME

DATE OF CRASH

LOCATION OF MEMORIAL

☐ I have read the Roadside Memorial Registration Policy.

Please return this form to ROWPermits@lawrenceks.org

For assistance, call 785-832-7800