

CAMBRIA TOWN PARK MEMORIAL TREE GROVE

APPLICATION FORM

NAME OF APPLICANT	
ADDRESS	
EMAIL	PHONE
<u>P</u>	LAQUE WORDING
STANDARD HEADING WILL READ, "IN MEMORY OF" (NO SUBSTITUTIONS)	
NAME ON PLAQUE	
YEAR OF BIRTH	YEAR OF DEATH
NAME ON SECOND PLAQUE:	
YEAR OF BIRTH	YEAR OF DEATH
TREE & PLAQUE \$400.00	FEES TREE & TWO PLAQUES \$550.00
-	PREVIOUS TREE PURCHASED) \$150.00
Checks should be made payable to the Town of Cambria.	
Submit Completed Application to: TOWN OF CAMBRIA TOWN CLERK, 4160 UPPER MOUNTAIN ROAD, SANBORN, NY 14132	
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Received By:	Date:
Receipt #:	Cash Check Credit Card