



FALLS TOWNSHIP POLICE DEPARTMENT

FIRST AND FINEST IN BUCKS COUNTY SINCE 1692

MEMORIAL MARKER APPLICATION

Memorial Markers are for Falls Township only. They can't interfere with any right of way and are unable to be placed on limited access highways (US Rt 1 and US Rt 13). The Marker will remain at its location for a minimum of one year from the installation date. Any additional ornaments or decorations placed at this Marker will not be allowed. Falls Township reserves the right to remove this Marker at any time it deems necessary. All applications should be submitted to Sgt. Christopher Clark at c.clark@fallstwp.com, or in-person to the Records Department.

Date of Request _____

Name to Appear on Marker _____

DOB _____ Date of Accident _____ Date of Death _____

LOCATION

| |
|---|
| Street Name _____ |
| Location Description (which side of the road, landmarks, etc) _____ |
| |

PERSON MAKING THE REQUEST

| | | |
|--|-------------|-----------|
| Name _____ | Phone _____ | |
| Address _____ | | |
| City _____ | State _____ | Zip _____ |
| Relationship to Deceased _____ | Email _____ | |
| Signature _____ | | |
| <i>Note: If friend only, you must submit written permission by a family member with signature and contact information.</i> | | |

DEPARTMENT USE ONLY

| | |
|--------------------------|----------------------|
| Approved _____ | Date _____ |
| Denied _____ | Reason _____ |
| Sales Order Number _____ | Date Installed _____ |
| Approved By _____ | Signature _____ |