



CAMBRIA TOWN PARK MEMORIAL TREE GROVE

APPLICATION FORM

NAME OF APPLICANT _____

ADDRESS _____

TELEPHONE _____ CELL/OTHER _____

FEE \$300.00 RECEIPT # _____

Note: Fee of \$300.00 must be paid at time of application.
Checks should be made payable to the Town of Cambria-

If it is only a plaque you are requesting, please contact Sally for cost information

PLAQUE WORDING

STANDARD HEADING WILL READ, "IN MEMORY OF"

NAME ON PLAQUE _____

YEAR OF BIRTH _____ YEAR OF DEATH _____

SIGNATURE OF APPLICANT _____

Submit Completed Application to:

**TOWN OF CAMBRIA TOWN CLERK
4160 UPPER MOUNTAIN ROAD
SANBORN, NY 14132**

Please contact Sally Marotta Reed
at 433-7664 x 129 or 860-2680
with any questions about planting
of the tree or plaque wording.