



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)

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 George Bush at
731-9352 regarding any questions
about planting of the tree or
plaque wording.