



CAMBRIA TOWN PARK MEMORIAL TREE GROVE

APPLICATION FORM

NAME OF APPLICANT _____

ADDRESS _____

EMAIL _____ PHONE _____

If it is only a plaque you are requesting, please call 716-471-4395 for cost information

PLAQUE WORDING

STANDARD HEADING WILL READ, "IN MEMORY OF"

NAME ON PLAQUE _____

YEAR OF BIRTH _____ YEAR OF DEATH _____

SIGNATURE OF APPLICANT _____

FEE \$400.00 Note: Must be paid at time of application. 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