



## 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 call 433-7664 x112 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 call 433-7664 x 112 with  
any questions about planting of the  
tree or plaque wording.