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| **GDOT_logo_192x30.png** | **GDOT Publications****Policies & Procedures** |
| **Form Word:**6160-9a - Request for Placement of Roadside Memorial Marker |
| **Section:Roadside Development** | **Reports To:** Division of Permits & Operations |
| **Office/Department:** Office of Maintenance | **Contact:** 404-631-1000 |

**Request for Placement of Roadside Memorial Marker**

***Note:*** Copy of Accident Report must be attached for request to be considered***.***

**Date of Request**  **Date of Accident**

**Name to be Printed on Marker**

**Name of Roadway and Location of the Marker**

**Person Making Request**

**First Name**  **Last Name**

**Address**

**City**   **State** **Zip**  **Phone**

**Email**

**Signature**

**Comments**

*The following section is to be completed by a family member if a friend is making the request.*

**Authorization by Family Member of the Deceased**

**First Name**  **Last Name**

**Relationship to the Deceased: Relative Friend**

**Address**

**City State** **Zip** **Phone**

**Email**

**Signature**

**Comments**

Attach check or money order for the amount of $100 made payable to the

**Georgia Department of Transportation**.

Mail request, payment and accident report to:

**GDOT State Maintenance Engineer**

**600 W. Peachtree St., 10th Floor**

**Atlanta, GA 30308**

**Phone: 404‐631‐1933**

**Georgia Department of Transportation Use Only**

**District** **County** **Route\_** **MP** **Pos Neg**

**Approved**  **Date**

**Title**

**The signature below certifies that a memorial Sign has been placed on a state highway system with the name of the above deceased by the Georgia Department of Transportation**

**District Maintenance Engineer Date Installed**

**References:**

None.

**History:**

copied to GDOT Publications v.02.00.00: 04/04/12

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