



GDOT Publications

Policies & Procedures

Form Word: 6160-9a - Request for Placement of Roadside Memorial Marker

Section: Roadside Development

Office/Department: 6MT Administration

Reports To: 6Div Director Operations

Contact: 404-631-1000

See [Below](#)

GDOT 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:

updated logo: 01/04/19;

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