



CAMBRIA TOWN PARK MEMORIAL TREE GROVE

APPLICATION FORM

NAME OF APPLICANT _____

ADDRESS _____

EMAIL _____ PHONE _____

PLAQUE WORDING

STANDARD HEADING WILL READ, "IN MEMORY OF" (NO SUBSTITUTIONS)

NAME ON PLAQUE _____

YEAR OF BIRTH _____ YEAR OF DEATH _____

NAME ON SECOND PLAQUE: _____

YEAR OF BIRTH _____ YEAR OF DEATH _____

FEES

TREE & PLAQUE \$400.00

TREE & TWO PLAQUES \$550.00

SECOND PLAQUE (ONLY FOR PREVIOUS TREE PURCHASED) \$150.00

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