

SCDOT Roadside Memorial Application

1. Name and address of person requesting sign: (Please Print or Type)

Requestor's Name _____

Street Address _____

City _____ State _____ ZIP code _____

Telephone Number _____

2. Relationship to deceased: _____

3. Location of crash site: _____
City _____ County _____

4. Date of fatal crash: _____

5. Victim's name to appear on memorial plaque:

First:

Last:

or check here to use the standard message "A LOVED ONE"

Please include an additional form for each victim involved in the crash and be sure to attach a copy of the police report with the application.

I have reviewed SCDOT's guidelines for the placement of roadside memorial signs. I understand that failure to meet the requirements or objections from family members may necessitate removal of the sign. After 2 years, the memorial plaque will be removed and sent to the address provided above.

signature

date

Please make checks payable to SCDOT
Please submit the application with police report to:

SCDOT
Attn: Roadside Memorial, Room 205
PO Box 191
Columbia, SC 29202