

Date & Time Received: _____ By: _____



City of Reading Memorial Structure Application

This application must be submitted prior to the installation of any memorial placed in any City-owned park.

Applicant Information

Please print

Organization Name: _____

Contact Name: _____

Daytime Telephone Number: _____ Cell Number: _____

Email: _____

Address: (please include City, State, and Zip) _____

Organization Address: _____

Organization Telephone Number: _____

Memorial Structure Information

Please print

What type of monument would you like to install (statuary, structure, tree, plaque, artwork, marker, etc)? _____

What veterans group, civic group, or historical event will be honored _____

Where would you like to have the monument? _____

Why did you choose this location? _____

What are the candidate's outstanding contribution(s) to the community in terms of activities or gifts? _____

How did the candidate enhance the community? _____

How will the candidate's contributions be recognized in the future? _____

The candidate's contributions have the greatest impact on whom? _____

How does the candidate relate to the facility or location of installation? _____

Are funds available to purchase, install and maintain the installation (statuary, structure, tree, plaque, artwork, marker, etc)? _____

How will the installation be insured? _____

Requested date of installation _____

A photograph of the monument you wish to install and a detailed design plan and drawing must be submitted along with this application form. Design specifications should include materials, dimensions, tree species (if applicable) and placement.

I declare under penalty of perjury that to the best of my knowledge these statements are true and correct.

APPLICANT'S SIGNATURE: _____

Please print name: _____

DATE: _____

- Historic Preservation Specialist Signature: _____ Date: _____
- Planner Signature: _____ Date: _____
- Operations Division Manager Signature: _____ Date: _____
- City Clerk Signature: _____ Date: _____
- County Veterans Affairs Director Signature: _____ Date: _____

Please provide a copy of the signed application form and photograph/design plan/drawing of the monument with the formal recommendation to City Council.