



CITY OF SAND CITY

Memorial Recognition & Dedication Application

APPLICANT:

Name: _____

Mailing Address: _____
Street City State Zip

Phone Number: () _____ Fax Number (if any): () _____

DEDICATION:

Name of Dedication: _____
Person, Family, or Group for whom the dedication is being made.

Specify item of dedication (i.e. bench, table, etc.): _____

Specify preferred location of dedicated item (map may be attached): _____

Specify the date when the person, family, and/or group, for whom the dedication is being made, was present on the Monterey Peninsula: _____

Reason for Dedication: _____

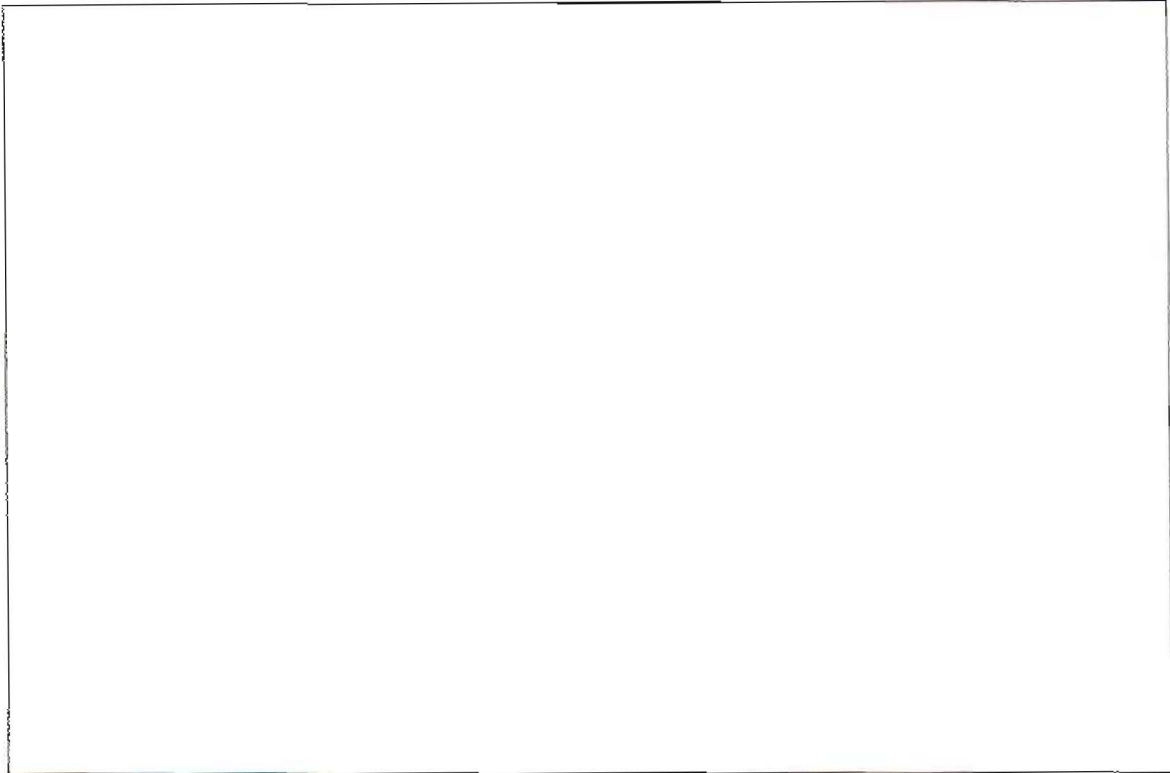
(Additional pages may be attached, if necessary.)

PLAQUE:

In the box below, illustrate the text and any graphic you desire on the dedication plaque. Be aware that the engraving will be as shown on the illustration you provide below.

6 inches wide

4 inches
tall



Text Style: All Serif All Non-Serif Both (identify style for which text above)

ACKNOWLEDGMENT & SIGNATURE:

I, _____, signify with my signature below my understanding and acceptance that 1) the information provided on this application above is correct and complete, 2) that I am responsible for payment to the City of Sand City for the cost of the dedicated item, dedication plaque, and engraving, 3) the dedicated item will be the sole property of the City of Sand City and the City may temporarily or permanently remove any dedication item in the sole direction of the City, and 4) this application must be approved by the City Council of Sand City prior to the acquisition and placement of the dedicated item.

Signature

Date