



# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

Tel: 508-349-7004, Extension: 110 or 124 Fax: 508-349-5505

## TOWN OF TRURO MEMORIAL GIFT APPLICATION

**Review Process:** All memorial gift requests must go before the appropriate Departments and/or Boards/Commissions for review and approval. The Department of Public Works Director will meet with the applicant to verify the specific location for placement, if needed. Location may change, or be denied, depending on installation conditions and/or land restrictions.

**Gifts/Plaques:** All gifts will be ordered through an approved Town vendor. Plaques will be ordered through an approved Town vendor and will meet the specification outlined in Policy #60: Memorial Gifts. Inscription character limits are determined by plaque vendor.

**Total Cost:** Total cost is based on actual cost of the gift, cement slab (if needed), plaque/hardware, all shipping charges and installation. The donor is required to prepay for all items before the order is placed. A list of standard items and approximate prices is available through the Administrative Office. Donor will receive an itemized invoice to review prior to placing the order.

After the gift has been placed, the donor will receive notice accompanied by a location map. Gift will be installed as Town projects and scheduled work priorities allow.

Checks should be made payable to: Town of Truro

And sent to:

Truro Town Hall, PO Box 2030, Truro, MA 02666

Attn: Katie Thibodeau, Community Services Department

Name of Donor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location desired for placement of gift: \_\_\_\_\_

Type of gift desired and any desired specifications: \_\_\_\_\_

Plaque ☐Yes ☐No

Inscription (maximum of 5 lines):

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**PLEASE PRINT INSCRIPTION CLEARLY- ENGRAVING COMPANY AND THE TOWN OF TRURO ARE NOT RESPONSIBLE FOR DONOR MISSPELLINGS.**

**OFFICE USE ONLY**

Date application reviewed by Town Manager: \_\_\_\_\_ (circle one) APPROVED    DENIED

NOTES: \_\_\_\_\_  
\_\_\_\_\_

Signature of Town Manager: \_\_\_\_\_

Is the original donor interested in replacing or restoring the gift?                      YES                      NO

If they are not repairing the gift, do they want the plaque returned?                      YES                      NO

Where should the plaque be mailed? \_\_\_\_\_

If no, date of disposal of the deteriorated gift: \_\_\_\_\_

Cost of gift \_\_\_\_\_ Cost of Shipping \_\_\_\_\_ Cost of Plaque and Hardware \_\_\_\_\_

Additional Costs (cement pad, etc.) \_\_\_\_\_

Total Payment Due: \_\_\_\_\_ (circle one) CASH                      CHECK# \_\_\_\_\_

CREDIT CARD: MC/VISA \_\_\_\_\_                      Expiration Date \_\_\_\_\_

Specifications of gift: \_\_\_\_\_

Date gift was ordered: \_\_\_\_\_                      Date plaque was ordered: \_\_\_\_\_

Date gift delivered: \_\_\_\_\_                      Date plaque delivered: \_\_\_\_\_

Date gift installed: \_\_\_\_\_                      Date donor notified: \_\_\_\_\_