



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):

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: _____