

Town of Fremont
Plaque Recognition Request

Name of Deceased _____

Date of Passing _____

Name Submitted by _____

Address _____

Reason(s) for Recognition _____

If not enough space you may add additional pages.

For office use only:

Verified ___ yes ___ no

Verified by _____

Date Approved by Town Board _____

Resolution # _____

Year Name Tag to be mounted _____