CITY OF FENNIMORE
GRANT COUNTY, WISCONSIN

STATEMENT MEMORIAL LOCATION PLACEMENT REQUEST FORM

Date:_____

Name: _____

Memorial Dedication For:_____

Memorial Location:_____

Memorial Description:_____

_____

_____.

Fee of $150.00 for Placement

Signature:_____*Date:*_____

For Office Use Only:

Payment: _____Cash _____Check _____Card

Witness Printed Name:_____

Witness Signature:_____ *Date:*_____

Updated July 2020 GF