

# Town of Riverhead

Parks & Recreation Memorial Application



Please complete and return to the Parks Office- 55 Columbus Avenue Riverhead  
OR submit application online at [www.riverheadrecreation.net](http://www.riverheadrecreation.net) 631.727.5744 x737

Request Date

Applicant Name (First,Last)

Address

Town, State, Zip

Phone

Email

## Memorial Request Information

The intent of the Town of Riverhead to allow the placement of privately donated memorials in Town parks/beaches to honor the memory of a former resident of the Town. This memorial application shall be limited to approved memorial items and locations.

Name of Requested Memorial For

Last Known Town of Riverhead Address

Type of Memorial (Bench, Plaque, Rock, etc)

Location of Memorial

*Detailed description (Please provide details on the memorial, including text on any plaque, size of bench/rock, etc)*

As the applicant, I hereby certify that the information I have provided on the form is complete and accurate to the best of my knowledge. I understand that this application is subject to approval by the Town of Riverhead and I shall not place any memorial items on Town of Riverhead property without approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_