

City Of Madison Heights Memorial Program

Name: _____

Address: _____

Phone: _____ Email: _____

Memorial Options:

Memorial Plaque - \$100: This includes the one-time fabrication and installation of a memorial plaque.

Tree - \$600: This includes the purchase and installation of a tree and warranty provided by the nursery. The tree will have a 2 inch diameter and be approximately 6 – 8 feet tall.

Bike Rack - \$1,275: This includes the purchase and installation of a standard three wave bike rack and a 10 x 5 concrete slab.

Standard in-ground Park Bench - \$1,575: This includes the purchase and installation of a standard six foot expanded metal bench.

Drinking Fountain - \$13,000: This includes the purchase and installation of a stainless steel drinking fountain with ADA and pet access, 200 square feet of pavement, and the necessary water tap.

Total amount due: _____

Rules & Guidelines

- Plaques may be purchased for an additional fee. The plaque will not be warrantied and may be removed due to deterioration or damage as the City deems necessary. This includes Memorial Plaques from the previous program.
- Decisions on tree planting locations and species will be determined by City staff. You will be notified via email as to what kind of tree was selected and where it will be planted.
- No decoration or landscaping of new or existing trees is permitted. This includes any memorialization not created by the City. The City does not assume responsibility for any damages to decorations or landscaping and will remove immediately.
- Absolutely no interment of human or animal remains on City property. This is against the law and is not permitted in any circumstance.
- All trees come with a one-year warranty from the date the tree is planted. If the tree fails outside of the warranty window, it may not be replaced.
- DPS reserves the right to remove any diseased or dying tree, to replace or relocate the tree, or to not replace the tree. Same guidelines follow any other memorial option.

I have read the above rules and guidelines and agree to adhere to them.

Signature: _____ Date: _____



Madison Heights

Department of Public Services

Office Use Only:

Number: _____

PLAQUE WORDING:
(PLEASE PRINT)

Example of 4 x 6 plaque that will be mounted
near the tree if purchased:

IN HONOR or MEMORY (please choose one)
OF
NAME: _____ (Maximum 25 letters)
DONATED BY: _____ (Maximum 45 letters)
YEAR: _____

Office Use Only:

Memorial Item: _____

Date Ordered: _____

Date Placed: _____

Location: _____

Additional Comments: _____
