



BOROUGH OF MONT ALTO

EST. 1911

3 North Main Street - P. O. BOX 427

MONT ALTO, PA 17237

Phone (717) 749-5808 - Fax (717) 749-7938

E-mail: mab@comcast.net

Web Site: montaltoborough.com

Application for Memory Lane Memorial Paver

One Paver Application Per Form

Applicant Name: _____
 Address: _____ Box _____
 City: _____
 State: _____ Zip: _____

Phone: (Home) _____
 (Work) _____
 (Cell) _____

Sample Brick Paver:

In Memory
 John M. Doe
 Mayor

OR

In Honor Of
 Jane E. Doe
 Mother

Instructions: Beginning in the first block of each row, neatly fill in the text to appear on the paver. Each letter digit, space and punctuation mark counts as one character, and each box may contain only one character.

Brick Paver - Limited to 14 characters per line – Print Clearly

Pavers are \$35.00 each. Payment must be remitted at time of application. Make checks payable to "Borough of Mont Alto"

Committee Review (For Internal Use Only)	
Payment received: Yes () No () Check # _____ Cash _____	Application approved: Yes () No ()
Signed: _____	Date: _____, 20____