

DuPage County
Division of Transportation
421 N. County Farm Road
Wheaton, IL 60187-2553
(630) 407-6900

Roadside Memorial Marker
Program Application



1. APPLICANT INFORMATION

Applicant Name: _____ Relationship to Victim: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Daytime Phone: _____
E-mail: _____

2. CRASH INFORMATION

Crash Location (County Highway): _____
Date of Crash: _____ Investigating Law Enforcement Agency: _____
*Name of driver determined to be DUI or DISTRACTED: _____
(*Attach copy of crash report or other official documentation showing conviction of DUI or Distracted Driving).
Note: See Program Condition (4) on the reverse side of this document for more information.

3. VICTIM INFORMATION

Clearly print name(s) of the victim(s) that you want on the Commemorative Plaque(s).
Note: See Program Condition (5) on the reverse side of this document.
Victim's Name: _____ Victim's Name: _____
Victim's Name: _____ Victim's Name: _____
Initial here if you wish to only have the DUI/Distracted Driving sign installed without a Commemorative Name(s) Plaque(s): _____

4. CERTIFICATION

I have read and understand the conditions stated on the back of this application and certify that the answers I have provided are correct to the best of my knowledge. I also certify that I have contacted the other immediate family members of the deceased victim and, to the best of my knowledge, no relative of the deceased victim will object to the placement of the memorial signage. I understand that, if approved, I will be invoiced and agree to pay the \$100.00 application fee and \$50.00 per commemorative name plaque(s) listed in Item #3 above.
Applicant's Signature: _____ Date: _____

For County Use Only:

Date Received: _____ Date Approved: _____ Date Denied: _____ By: _____
Marker Location: _____
Remarks/Reason for Denial: _____
Billed: \$ _____ Paid: _____ Date: _____ By: _____
Date Sign Installed: _____ Date Sign Removed: _____