



CITY OF MACKAY

MEMORIAL PLAQUE

INSCRIPTION REQUEST FORM

Applicant Information

Full Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone Number: _____

Requested Plaque Inscription

Please print CLEARLY, text will appear exactly as written below

Payment Information

Amount Paid: \$ _____ Date paid: _____

Method of payment:

Cash Check Credit/Debit

Applicant Acknowledgment

I certify that the above information is accurate and approve the inscription as written above

Signature _____

Date _____