



Request for Memorial on CMCSS Property (FAC-F004)

To: Chief Operations Officer

From: *(Print Full Name)* _____

Subject: Memorial on CMCSS Campus

Date: _____

Name of Requestor(s): _____

Campus where proposed memorial will be established:

Requested memorial will be in honor of:

_____, who was a:

- Board Member
- Employee
- Volunteer
- Current Student

This individual lost his/her life on (date): _____

I/we acknowledge and agree to the following terms (*Please initial the following*):

____ I/we are responsible for all funding required to establish and maintain the memorial.

____ I/we understand that an appropriate outdoor memorial will not exceed 12" x16".

____ I/we understand that an appropriate indoor memorial must include a forged or engraved plaque no larger than 11"x14".

____ I/we agree that the memorial must blend with the campus or building. (As judged by CMCSS officials).

____ I/we understand that the memorial must include the name and relevant information about the deceased person.

____ I/we understand the memorial design must be judged appropriate for a public school setting (As judged by CMCSS officials).

____ I/we acknowledge that CMCSS Operations Department will determine the location of the memorial in or on CMCSS property.

____ I/we will/ will not arrange to have a tree planted above the memorial.



Request for Memorial on CMCSS Property (FAC-F004)

_____/we understand if the removal of a tree is determined to be in the best interest, the District will not be held liable for the cost of the tree.

_____/we understand the memorial may be moved, transplanted, or removed by the District in the event the building or campus is being modified or renovated.

The image on the back must indicate in every way an exact memorial that will be approved by the CMCSS Board of Education. If the memorial differs from this document, it will not be placed on a CMCSS Campus.

Print Name_____

Signature_____

Address:
