

Memorial Highway/Bridge Naming Application Form

Missouri Department of Transportation

John Doe Memorial Highway

The fol	lowing items must be submitted with this completed form:
	Application fee payable to: <u>Director of Revenue - Credit State Road Fund</u>
	■ List of 100 individual signatures of Missouri residents who support the highway/bridge designation.GHWAY SAFET
	Proof designee is deceased by providing copy of Death Certificate or Obituary if being designated for a person.
Step 1	Legislative Sponsor: Chrissy Sommer Room#: 401-B Phone #: 751-1452 Bro
	☐ Missouri Senate
Step 2	Applicant: Shawn Brown Organization: Frights of Ali Brown
	Address: 19 CONNEWAWA Rd. City: St-Peters State: MO Zip Code: 63376
	Phone No.: 314 775-6545 Fax: E-mail: SMILING DAWN (S) ZEUGMONTOWN
Step 3	Memorial Name Requested The proposed name may have a maximum of two lines with 19 characters per line (including spaces). Line 3 will read: Memorial Highway or Memorial Bridge
	Line 1: A L I R e n e e ≥ L B r o w n Line 2:
	Line 3 Check one: Memorial Highway Memorial Bridge
	Required information
	The memorial name can be for an event, place, organization or person.
	☐ Event ☐ Place ☐ Organization ☐ Person (deceased 2 years)
Step 4	Please call 1-888-275-6636 -MoDOT, confirming availablity of highway/bridge and the current application fee.
	1) Describe location of Route/Bridge to be designated from beginning to end. List the state highway(s)
	and nearby City/Town. (example: 1/2mile south of Rt. A to intersesction of US 54 on Rt.160)
	Mid Rivers Mall Drive + 364 High way
	5+. Poters MO 63376
	* Bridge on Rt. N (Nid Kurs Nacl Cr) that crosses
	aver NO 301
	St. Chades County MO
Step 5	Information Supporting Special Designation
	Letter from 5+ Peters
Step 6	Would you like a memorial sign to unveil at the dedication ceremony? ☐ Yes or ☐ No
	Questions or concerns regarding application, please call 1-888-275-6636 and ask for Highway Safety and Traffic Division