



Memorial Highway/Bridge Naming Application Form

Missouri Department of Transportation



MAY 11 2021

HIGHWAY SAFETY & TRAFFIC

The following items must be submitted with this completed form:

- Application fee payable to: Director of Revenue - Credit State Road Fund
- List of 100 individual signatures of Missouri residents who support the highway/bridge designation
- Proof designee is deceased by providing copy of Death Certificate or Obituary if being designated for a person.
- Written Consent from immediate family of honoree.

Step 1 **Legislative Sponsor:** Karla Estlinger Room#: 219 Phone #: 573-751-1882
 Missouri Senate Missouri House of Representatives

Step 2 **Applicant:** JAMES W. PRESTON **Organization:** _____
(if applicable)
Address: RT5 Box 460 City: AVA State: MO Zip Code: 65608
Phone No.: 417-683-1824 Fax: _____ E-mail: _____
(optional) (optional)

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:	D	r	.		N	O	R	R	I	S		P	R	E	S	T	O	N
Line 2:	S	I	S	G	T		U	S	A	F	S	S		K	O	R	E	A

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 (573) 526-0177 -MoDOT, confirming availability 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 intersection of US 54 on Rt.160)
Highway 63 N.5. OVERPASS AT Highway 24
Moberly MO.

2) List the County in which the highway/bridge is located:
Rawdolph

Step 5 **Information Supporting Special Designation**
Information enclosed
Permission is given by son James Preston
[Signature]

Step 6 **Would you like a memorial sign to unveil at the dedication ceremony?** Yes or No