



# BOROUGH OF MONT ALTO

EST. 1911

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Web Site: [montaltoborough.com](http://montaltoborough.com)

## Application for Memory Lane Memorial Paver

One Paver Application Per Form

Applicant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Box \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_  
 (Work) \_\_\_\_\_  
 (Cell) \_\_\_\_\_

Sample Brick Paver:

In Memory  
 John M. Doe  
 Mayor

OR

In Honor Of  
 Jane E. Doe  
 Mother

Instructions: Beginning in the first block of each row, neatly fill in the text to appear on the paver. Each letter digit, space and punctuation mark counts as one character, and each box may contain only one character.

**Brick Paver - Limited to 15 characters per line – Print Clearly**


**Pavers are \$35.00 each. Payment must be remitted at time of application. Make checks payable to "Borough of Mont Alto"**

Committee Review (For Internal Use Only)	
Payment received: Yes ( ) No ( ) Check # _____ Cash _____	Application approved: Yes ( ) No ( )
Signed: _____	Date: _____, 20____