



**Request for Placement of a Roadway Safety Memorial Marker**

Name to be placed on marker:

Location description / roadway where the accident occurred:

Date of Accident (please attach law enforcement accident report if available):

**Person submitting this request:**

Name:

Address:

City:

State:

ZIP Code:

Phone:

Relationship to Deceased:

Signature:

**If you are not directly related to the deceased, the following is to be completed by a family member authorizing the installation of the memorial marker:**

Name of family member:

Relationship to the deceased:

Address:

City:

State:

ZIP Code:

Phone:

Signature:

Email completed form to [TrafficOps@colliercountyfl.gov](mailto:TrafficOps@colliercountyfl.gov) or  
mail to Traffic Operations, 2885 South Horseshoe Drive, Naples FL 34104.

This Memorial Marker will remain at this location for a minimum of 1 year from the installation date. Any additional ornaments or decorations placed at this marker will not be allowed. The County reserves the right to remove this marker at any time it deems necessary.