Memorial to Public Works Employees

WHO HAVE DIED IN THE COURSE OF PERFORMING PUBLIC DUTIES

APPLICATION TO REQUEST A DECEASED PUBLIC WORKS EMPLOYEE BE ADDED TO THE MEMORIAL - RSA 4:9-i

MAIN CRITERIA

Place of Employment – This must be a municipality, a county, or the state.

Main Job Function - Working in a public works capacity including but not limited to highway department, water and sewer, grounds workers, bridge maintenance, etc.

Cause of Death - Accidental as determined by a recognized Workers Compensation Insurance Carrier

DECEASED PUBLIC WORKER INFORMATION

Name of Deceased _____
First *Middle Initial* *Last*

Employer at Time of Incident: _____

NAME OF PERSON OR FAMILY MEMBER REQUESTING THE DECEASED PERSON ABOVE BE CONSIDERED:

_____ _____ _____
First *Middle Initial* *Last*

What is your relationship to the deceased? _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____
Street *City/Town* *State* *Zip*

Email Address: _____

Do you wish to correspond using the above email address? ☐ Yes ☐ No

INCIDENT DESCRIPTION

Date of Incident (If exact date is not known, approximate): _____

Description of Incident (Please attach additional pages if necessary):

_____

_____

_____

_____

_____

Additional Commentary: Please provide any additional information you would like us to know about the person you are nominating. Attach additional pages if necessary.

_____

_____

_____

_____

_____

CERTIFICATION

I herby certify that the above is a true statement of my recollection of the incident, which involved the above named person who died in the course of performing public works duties, and I would like to nominate their name to be on this memorial as per RSA 4:9-i.

Date: _____ Signed: _____

Special Note: All names to be added to the monument shall be approved by the voting members of the RSA 4:9-i Public Works Memorial Committee.

Mail Completed Applications to:
Memorial to Public Workers - c/o The Commissioner's Office
NH Department of Transportation - PO Box 483, Concord NH 03302-0483
Direct Questions to: NHDOT Bureau of Highway Maintenance (603) 271-2693

DO NOT WRITE BELOW THIS LINE

_____

Application Number: _____ Date Nomination Filed: _____

Date of Review: _____ Date of Decision: _____