

Brick Reservoir Recreational Amenities Sponsorship Program

Lighting Fixture - Granite Monument Inscription Worksheet

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Please indicate below how you would like your granite monument to read. Please print clearly.

(Note: permitted space consists of a maximum of 6 lines at 15 characters max per line)

Return this form in PERSON with payment in the amount of \$1,750.00 to:

The Brick Township Municipal Utilities Authority
1551 Highway 88 West
Brick, New Jersey 08724-2399
Attn: Reservoir Sponsorship Program

QUESTIONS???? Call 732-458-7000 ext 4258