

Please complete and submit this form to Bastrop Main Street Manager.

Request Date	Sponsor Name (First and Last Name)	
Phone Number	Email Address	
*Preffered Location (if availa	able)	
Plaque Wording (Up To Thre	ee Lines of text and Up To 70 Characters)	
Sponsor Signature	Date *Please reach out for a list of available bench locations.	
	Main Street Program to Complete	the Below
Bench Phase	Placement Location Confirmed	With Spnsor
Plaque Order Date	Payment Date	Amount/Type
Main Street Program Signature		 Date