



Downtown Sidewalk Brick Order Form

Name _____

Address _____

Phone Number _____

E-mail _____

Please fill in the spaces with the letters EXACTLY as you would like to see your brick (all caps). Leave a space between each name and before and after "&."

EXAMPLE:

	H	E	R	M	A	N		&		E	L	I	S	E	
						J	O	N	E	S					

Brick #1

Brick #2

Preferred location (*optional*) _____

Signature of Purchaser _____ Date _____

Quantity of Bricks _____ x \$50 each = \$ _____

Please return form with payment to Kerrville Main Street located at City Hall:
 City of Kerrville / 701 Main Street / Kerrville, Texas 78028
 (830) 257-8000 / www.kerrvilletx.gov

For Office Staff Only

[Account 94-800-306](#) / In the description, list name(s) to be engraved on the brick

Date Installed: _____

Engrave your name in Kerrville History!