



Date:

Memorial Bench Application

Applicant Information:

Name:	
Address:	
City:	
Postal Code:	
Phone Number:	
Email Address:	

Bench Location:

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Wording for Dedication Plaque:

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Invoicing (if different than Applicant Information):

Name:	
Address:	
City:	
Postal Code:	
Phone Number:	
Email Address:	

In an event beyond the control of the Municipality of Thames Centre, the Municipality reserves the right to relocate this memorial bench.

Cost: \$1,500.00 plus HST. Cash Cheque # _____ Debit/Credit

LOCATION APPROVED:

Devon Brown, Parks and Facilities Supervisor