Request to donate memorial tree, park or street furniture



Applicant Details

Name: _____ Address:_____

Contact Phone:

Contact Email:

Memorial Details

Name of person/event that the memorial is dedicated to:

Reason for commemoration:

Type of Memorial

Please specify the type of tree or furniture you are proposing:

Proposed Location for Memorial

Please describe exactly where you would like the tree/furniture to be installed. Please be as specific as possible. Include the park or street name if known. You may provide a sketch or photograph to help identify the site.

Plaque

If you would like a plaque installed, what inscription you would like on it? You may provide a sketch or photograph if you prefer.

Financial Contribution

Please specify what financial contribution you will be making_____

I agree to pay the financial contribution stated on this form

I accept that Council is under no obligation to replace the donated item should it reach the end of its life or be damaged beyond repair.

Signature

Date

Office use only		
Commemorative Tree	Street Furnitu	re 🗌 Park Furniture
Park/Res:		PR#:
Street:		PR#:
P&FP:	Approved [Declined More info required
P&FP Notes/Comments:		
		Date:
Proj. Mgr Proj.Mgr. Notes/Comments:		
WO#	Payment Rec.	
Install. Date:		Asset Update Form Completed
Asset system: A.Offr.:	🗌 Asset Regi	ster Updated (#)

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