



MEMORIAL BENCH APPLICATION

Applicant Information:

Name: _____

Address: _____

City/Town: _____

Postal Code: _____

Phone #: _____

Email: _____

In Memory of: _____

Preferred location:

1. _____

2. _____

3. _____

Invoicing:

Send invoice to:

Name: _____

Address: _____

Postal code: _____

Cost \$ 1900.00 + GST _____

This is not an invoice.

In an event beyond the control of the Town of Chestermere, the Town reserves the right to relocate this memorial bench.

Location Approved: _____

Parks Supervisor

E-mail to: Vfox@chestermere.ca