



The Corporation of the Town of Bracebridge
COMMEMORATIVE BENCH APPLICATION
 Public Works Department

SECTION 1 - APPLICANT INFORMATION	
Name:	Date:
Mailing Address:	
Phone No.:	Email Address:
Person or Group being commemorated:	
Relationship to Person or Group being commemorated:	
Bench Style: <input type="checkbox"/> Stone Scape <input type="checkbox"/> Metal	Quantity:
Installation Season: <input type="checkbox"/> Spring <input type="checkbox"/> Fall	
Bench location - select three (3) preferred locations	
<input type="checkbox"/> Annie Williams Memorial Park	<input type="checkbox"/> James W. Kerr Park
<input type="checkbox"/> Bracebridge Bay Park	<input type="checkbox"/> Kelvin Grove Park
<input type="checkbox"/> Gostick Park	<input type="checkbox"/> Kirby's Beach Park
<input type="checkbox"/> Historic Walkway Trail	<input type="checkbox"/> Memorial Park
NOTE: Every effort will be made to obtain the preferred location. However, the Public Works Department makes no guarantee.	
Memorial Plaque (metal benches only): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Memorial Engraving (Stone Scape benches only): <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTE: If opting to provide alternative plaques with engravings, this needs to be approved by staff prior to purchase to ensure consistency with Town Standards.	
Maximum 100 Character Proposed Wording (including spacing)	
Applicant Signature:	

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act, M.56, R.S.O. 1990 and will be used for the sole purpose that it has been collected. Questions about this collection should be directed to: Director of Corporate Services/Clerk, Town of Bracebridge, 1000 Taylor Court, Bracebridge, ON P1L 1R6 (705) 645-6319 x 243.



The Corporation of the Town of Bracebridge
COMMEMORATIVE BENCH APPLICATION
 Public Works Department

SECTION 2 - FOR OFFICE USE ONLY	
Application Accepted:	
Bench Style Approved:	
Scheduled Installation Date:	
Scheduled Surface Preparation Date:	
Bench Location:	
Applicant Signature:	
FINAL REQUIREMENTS	
Payment Received and Amount Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$:
Service Locates Completed:	
Installation Complete and Final Picture attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Name/Signature:	Date: