



The Corporation of the Town of Bracebridge  
**COMMEMORATIVE TREE APPLICATION**  
 Public Works Department

<b>SECTION 1 - APPLICANT INFORMATION</b>		
<b>Name:</b>	<b>Date:</b>	
<b>Mailing Address:</b>		
<b>Phone No.:</b>	<b>Email Address:</b>	
<b>Person or Group being commemorated:</b>		
<b>Relationship to Person or Group being commemorated:</b>		
<b>Preferred Tree Species – list three (3) preferred species</b>		
<input type="checkbox"/> Autumn Blaze Maple	<input type="checkbox"/> Red Oak	<input type="checkbox"/> White Pine
<input type="checkbox"/> Honey Locust	<input type="checkbox"/> Sugar Maple	<input type="checkbox"/> White Spruce
<input type="checkbox"/> Red Maple	<input type="checkbox"/> White Birch	
<b>Planting Season:</b> <input type="checkbox"/> Spring <input type="checkbox"/> Fall	<b>Quantity:</b>	
<b>Tree Planting location - select two (2) preferred locations</b>		
<input type="checkbox"/> Annie Williams Memorial Park	<input type="checkbox"/> James W. Kerr Park	<input type="checkbox"/> Memorial Park
<input type="checkbox"/> Bracebridge Bay Park	<input type="checkbox"/> Kelvin Grove Park	
<b>NOTE: Every effort will be made to obtain the preferred location and preferred species. However, the Public Works Department makes no guarantee.</b>		
<b>Require to install Memorial Plaque:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>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.</b>		
<b>Maximum 140 Character Proposed Wording (including spacing)</b>		
<b>Applicant Signature:</b>		

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.



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<b>SECTION 2 - FOR OFFICE USE ONLY</b>	
Application Accepted:	
Species Approved:	
Scheduled Planting Date:	
Planting Location:	
Applicant Signature:	
<b>FINAL REQUIREMENTS</b>	
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: