



## Town of Stellarton Memorial Bench/Tree Request Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: Postal Code: \_\_\_\_\_

Telephone (Primary): (Secondary): \_\_\_\_\_

Email address: \_\_\_\_\_

Type of Bench Requested: \_\_\_\_\_

Type of Tree Requested: \_\_\_\_\_

(Please call the department for available trees)

Requested location (i.e. Park, Town Square): \_\_\_\_\_

Plaque Information (i.e. Name, Date, Verse – 15 word limit):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payment: Tax Receipt Requested: Yes No

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:  
Director  
Community Development & Recreation  
250 Foord St  
Stellarton, NS B0K1S0  
Phone: 902-752-8944

Office Use Only:  
Approved By:  
Date:  
Approved Location:  
Installation Time line: