



VILLAGE OF HARRISON HOT SPRINGS

MEMORIAL BENCH REQUEST FORM

NAME: _____ ORGANIZATION: _____

(if applicable)

ADDRESS: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

REASON FOR MEMORIAL BENCH REQUEST: _____

PREFERRED LOCATION – Please indicate number from Bench Locations list attached:

WORDING OF THE PLAQUE

Size: 2" x 10"

I/We agree to pay to the Village of Harrison Hot Springs the cost to purchase the Memorial Bench and engraved plaque.

(2009 cost \$2,000. if on lakefront - \$1,500 otherwise) Signed: _____

APPLICATION RECEIVED: _____

REVIEWED: _____ WORKS FOREMAN: _____

COMMENTS: _____

CONDITIONS: _____

APPROVAL ISSUED: _____

LETTER SENT: _____ DATE INSTALLED: _____

Chief Administrative Officer