



# VILLAGE OF HARRISON HOT SPRINGS

## MEMORIAL BENCH SPONSORSHIP FORM

NAME: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_  
 (if applicable)

EMAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

MEMORIAL BENCH REQUEST IN HONOUR, RECOGNITION, OR MEMORY OF (Not applicable for tenure renewals):

\_\_\_\_\_  
 (NAME OF DECEASED INDIVIDUAL)

### PLAQUE INSCRIPTION

Size: 3" x 7"

Maximum 3 Lines, 25 characters per line (including spaces)


### Program Costs:

Item Description	Cost	Quantity	Total
Bench (includes one plaque)	\$ 3,000		
Additional Plaques	\$ 275		
<b>Total:</b>			<b>\$</b>

**I/We agree to purchase a Memorial Bench and engraved plaque in accordance with the Memorial Recognition Policy 1.30 for placement on public land. I/We agree that it is the responsibility of the purchaser to update the Village with any contact information changes.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use:

DATE APPLICATION RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_ LOCATION ASSIGNED: \_\_\_\_\_

COMMENTS/CONDITIONS: \_\_\_\_\_

DATE INSTALLED: \_\_\_\_\_ TENURE END DATE: \_\_\_\_\_

\_\_\_\_\_  
 APPROVING MANAGER

\_\_\_\_\_  
 DATE OF APPROVAL