



MEMORIAL PARK BENCH ORDER REQUEST FORM  
Administration Policy CS-A-01

PRIMARY CONTACT

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

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

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

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

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

Phone: \_\_\_\_\_

ALTERNATE CONTACT

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

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

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

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

Phone: \_\_\_\_\_

- The Program Fee is listed in the Town of Drumheller Service Fee Schedule

PLAQUE INSCRIPTION

Plaque is 6" x 7"

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**BENCH LOCATION**

Please list your top three choices from the list of approved sites:

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I, \_\_\_\_\_, acknowledge that I have read and understand  
(Name)  
The Town of Drumheller's Memorial Bench Policy and agree to the provisions  
listed within.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

\_\_\_\_\_  
(Donor's Signature)

(Received By)

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Town of Drumheller