



# MEMORIAL TREE AND BENCH PROGRAM REQUEST FORM

*How to arrange for a memorial tree or bench:*

Review the Memorial Tree and Bench Program options and decide how you would like to participate. Contact the Community Services Department at 705-286-1936 ext. 200 to discuss your participation.

1. Select a tree species or bench style that you wish to request and preferred location.
2. Complete and submit the following request form to:

Township of Minden Hills  
 Community Services Department  
 P.O. Box 359, 7 Milne Street  
 Minden, ON K0M 2K0  
 communityservicesbookings@mindenhills.ca  
 Fax 705-286-3070

3. The Community Services Department will contact you to arrange a meeting to discuss your choice, selection a suitable location for the tree or bench and to schedule a date for a dedication ceremony, upon installation if required. The Township of Minden Hills reserves the right to make the final determination of the locations and spaces available and the species of tree and/or bench style appropriate to the location.

4. The Township of Minden Hills will confirm with the applicant via letter or email the details of the agreed upon donation and location of install.

Required Information:

Name of official donor: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

5. Please select the amenity you wish to request:

Tree Species: \_\_\_\_\_ Qty: \_\_\_\_\_

Bench Style: \_\_\_\_\_ Qty: \_\_\_\_\_

COST	TAX	TOTAL
\$500.00	\$65.00	\$565.00

Total cost is based on one Tree

COST	TAX	TOTAL
\$2000.00	\$260.00	\$2260.00

Total cost is based on one Bench

6. Which park or cemetery are you requesting the memorial tree or bench to be located in?

\_\_\_\_\_

7. Location within the park:

\_\_\_\_\_

8. Plaque information (choose option 8(a – Tree) or 8(b – Bench):

8(a): Donors Name: \_\_\_\_\_

Tree Species: \_\_\_\_\_

Location: \_\_\_\_\_

8(b): This bench was installed in memory/honor of \_\_\_\_\_  
(Select One) (Name of person)

13. Are you planning to conduct a dedication ceremony? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Requested date and time for your dedication ceremony:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm  
(Month/Day/Year) (Time)

Applicants Name (printed): \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_

Application approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

(Township of Minden Hills, Community Services Department)