

# Town of Taber

## Memorial Bench And Tree Application



**Any request requiring the Town of Taber approvals, services, assistance and/or other support for a special event must provide the following information.**

The submittal of application does not constitute approval.

### Applicant Information

Full Name: \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State Postal Code*

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

### Type of Donation

- MEMORIAL TREE (\$550.00 DONATION)       Shade       Evergreen       Flowering       Other

Memorial Plaque Inscription:

In Memory of:       In Loving Memory of:       In Honor of:       Other\*:

Honoree's Name: \_\_\_\_\_

\*Other Message (if applicable): \_\_\_\_\_

Proposed Location of Tree: \_\_\_\_\_

- MEMORIAL BENCH (\$1650.00 DONATION)    or     PICNIC TABLE (\$2500.00 DONATION)

Bench/Picnic Table Engraving:

In Memory of:       In Loving Memory of:       In Honor of:       Other\*:

Honoree's Name: \_\_\_\_\_

\*Other Message (if applicable): \_\_\_\_\_


Proposed Location of Bench: \_\_\_\_\_

**Applicant Signature**

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

Please return application to:

**Town of Taber  
A – 4900 50 ST  
Taber AB  
T1G 1T1**

Phone 403-223-5500 (5562)  Fax: 403-223-5530

**Office Use Only**

Total Amount Paid \$ \_\_\_\_\_

Select Payment Method:

Cash

Check # \_\_\_\_\_

Other

Received by:

Select One:

Tree from nursery

Tree purchased \$ \_\_\_\_\_

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