Memorial Bench & Tree Program Application Form



Donor Name:			
Donor Address:			
Donor E-mail:			
Donor Phone Number:			
Memorial Item Purchased:	Bench Tree, Preferred Species:		
Preferred Location (Park / Greenspace / Cemetery):		Initial	
		Donor	City
Plaque Wording: No more than 160 characters. You must include spaces and punctuations as part of the allowed characters. Wording will be centre on the plaque and the layout will be at the City's discretion. Tree Plaques are up to 6" x 6" in size, and Bench Plaques are up to 4" x 12" in size. Sample Wording: "In Loving Memory of", or "In Tribute To", or "To Commemorate."			

By signing this application, the Donor agrees to all conditions within By-law 2023-140, as amended, including the following conditions:

 The City distinctly disclaims all responsibility for loss or damage from causes beyond reasonable control and especially from damage caused by the elements, and Acts of God, thieves, vandals, riots, or order of any military or civil authority, whether the damage is direct or collateral, other than as herein provided. If a bench is damaged or destroyed, the donator has the option to repair and/or purchase a new bench. The City reserves the right to remove the bench/tree once the bench has reached the end of its life; i.e., its condition is deemed unsafe and/or unsightly or for operational needs as may be required.

- 2. The City reserves the right to re-locate the memorial item if deemed necessary.
- 3. The City reserves the right to determine the level of general care for all memorial items depending on budget and staff availability. General care is defined as the mowing, raking, pruning and general cleaning of the grounds around benches and trees and the items themselves, as determined by the City.
- 4. Messages on benches and plaques will contain no obscenities and must meet the approval of City Staff. Memorial items are to remain free of décor and/or any additional materials, plaques etc. Nothing herein shall prevent the immediate removal of any item deemed by staff to constitute an immediate safety concern, or not in compliance with this Policy.

Acknowledged and signed by the Donor and The City of Temiskaming Shores this _____ day of _____, 20____.

Donor Signature

City of Temiskaming Shores Signing Authority

Name (Printed)

Name (Printed)

Notice with respect to collection of personal information: Personal information collected on this application form is collected under the authority of the Municipal Act, 2001 and will be used for processing the application and for administrative purposes. Questions about the collection and use of this information in accordance with the Municipal Freedom of Information and Protection of Privacy Act may be made to the Municipal Clerk, P.O. Box 2050, 325 Farr Drive, Haileybury, ON POJ 1K0; by phone: (705) 672-3363 ext. 4136; or by email: clerk@temiskamingshores.ca.