

BUCKINGHAM TOWNSHIP
MEMORIAL & COMMEMORATIVE
BENCH PROGRAM APPLICATION



YOUR NAME _____

ADDRESS _____

PHONE # _____

E-MAIL _____

NAME OF PERSON & REASON FOR TRIBUTE

PLEASE NOTE THE COST WILL BE \$600 - MADE PAYABLE TO BUCKINGHAM TOWNSHIP FOR THE COST OF THE BENCH AND INSTALLATION. YOU WILL BE RESPONSIBLE FOR GETTING THE PLAQUE MADE (NO LARGER THAN 3 INCHES LONG - 6 INCHES HIGH). PLEASE FORWARD THE WORDING ON THE PLAQUE TO MJATKINSON@BUCKINGHAMPA.ORG WITHIN 30 DAYS OF THIS APPLICATION FOR APPROVAL. WE WILL TRY TO INSTALL THE BENCH IN AN AREA THAT YOU REQUEST, IF POSSIBLE. PLEASE KNOW THAT THE TOWNSHIP IS NOT RESPONSIBLE FOR ANY VANDALISM OR REPLACEMENT OF BENCH.

SIGNATURE _____ DATE _____

APPROVED BY: _____ DATE _____