Municipality of Magnetawan

Commemorative Tree Planting and Bench Program Application Form

First Name: _____ **Last Name:** _____

Address: _____

Phone: _____ **Email:** _____

Memorial Information:

☐ **Commemorative Tree**

Species of Tree First Choice : _____ **Species of Tree Second Choice :** _____

☐ **Commemorative Bench**

Plaque Wording:

_____

_____

_____

_____

Any Special Instructions:

_____

_____

No installations or planting will occur during the winter months.

Please complete the application and return to the Municipal Office at 4304 Highway 520 P.O. Box 70 Magnetawan, ON P0A 1P0 or by email to info@magnetawan.com

Office Use Only:

Cost: _____ **Completed:** _____