



Memorial Application Form

Applicant Information

Date of Request:					
Applicant:					
Address:					
City:		Province:		Postal Code:	
Primary Phone:				Alternate Phone:	
Email Address:					

Memorial Details

Name of person/event the memorial is dedicated to:	
Reason for Commemoration:	

Type of Memorial Requested (Mark the applicable box)

Please provide **at least one (1) location** for placement of a bench, plaque, tree, shrub, or temporary roadside memorial.

☐ Bench	Proposed Location(s):
	1)
	2)
☐ Plaque	1)
	2)
☐ Tree/Shrub	1)
	2)
☐ Temporary Roadside	1)
	2)
	Description of Temporary Roadside Memorial:

Send your completed request form to:

City of Fort Saskatchewan

Public Works

11121 – 88 Avenue

Fort Saskatchewan, AB, T8L 2S5

This personal information is being collected and used under the authority of Section 4(c) of the Protection of Privacy Act for the purpose relating to the administration of a Commemorative Memorial request. If you have questions about the collection, contact the Access to Information Coordinator for the City of Fort Saskatchewan at 780-992-6200

Office Use Only			
Type of Memorial Approved:			
	☐ Bench	☐ Plaque	☐ Tree/Shrub ☐ Temporary Roadside
	Temporary Roadside Removal Date:		
Approved Location:		Cost:	\$
Approval Date:		Approved By:	