

COMMEMORATIVE PROGRAM REQUEST FORM

Donor Person/Group:			
Name of Group Contact (if appli	cable):		
Mailing Address:			
	(Secondary)		
Email:			
Request for Dedication on:	☐ BENCH	☐ TABLE	☐ TREE
Name to Appear on Plaque			
Additional Text*			·
Requested Tree Species*			
Requested Location (park/trail r	name) *		
Special Instructions			
I have read, fully understand, and agree to Table Program. My signature below indication, bench style, table location, bench style,	ates that I agree and under rt Services makes all final c ation, table style, tree locat ues is subject to approval. erty of Sturgeon County ar es).	estand that: decisions, including but not l ion and tree species. and will be maintained by Stu	imited to availability, bench rgeon County.
		Date	

The personal information provided will be used for the purpose of processing your request to the Commemorative Program and is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. If you have any questions about the collection and use of this information, please contact the Sturgeon County Access and Privacy Officer at 9613 - 100 Street, Morinville, Alberta, T8R 1L9 (780) 939-4321 or foip@sturgeoncounty.ca.