



Memorial Tree and Bench Program

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| Procedure No.: PS-REC-12 | Council Resolution No.: N/A |
| Department: Recreation | Authority: Chief Administrative Officer |
| Effective Date: September 14, 2020 | Revision Date: March 13, 2023 |
| Review Date: March 2026 | Repealed Date: N/A |
| Supersedes: N/A | |
| Related Policy No.: PS-REC-12 | |
| Related Policy Name: Memorial Tree and Bench Program | |

1.0 PURPOSE

- 1.1 To provide direction in implementing the Memorial Tree and Bench Program to balance requests from individuals, businesses, and organizations while ensuring an acceptable physical appearance in the Town’s parks, trails, and Cemetery.


2.0 OPERATING GUIDELINES

- 2.1 Individuals may make a donation to install a new bench or have a tree planted in the park of their choice, provided that space is available in the desired location.
- 2.2 A donor recognition plaque will be installed on the bench.
- 2.3 Memorial tree and bench donations must meet the following criteria:
 - 2.3.1 Contribute to the enjoyment of parks and not interfere with accessibility or use of the park by any member of the public;
 - 2.3.2 The style of bench or type of tree should not detract from the existing theme or use of the park; and,
 - 2.3.3 Should not interfere with the regular maintenance of the park area.
- 2.4 Memorial tree and bench donations will become public property of the park for everyone’s enjoyment. Donors will not have any right to priority use of their donation.
- 2.5 Parks staff will do their best to maintain all of the features of the parks in good conditions and make repairs as needed.
- 2.6 The donor must complete the Memorial Tree and Bench Program Application and submit to the Recreation Manager.



- 2.6.1 Payment for the donation may be made at the Town Administration Building.
- 2.6.2 The application gives the donor the opportunity to choose the location and type of bench or tree.
- 2.6.3 The payment covers the cost of the purchase, installation and maintenance of the donation for ten years.
- 2.6.4 A charitable donation receipt will be issued.
- 2.7 Benches will be mounted on a cement pad.
- 2.8 Tree plantings take place in spring or fall. Spring planting requests should be received by March 1, fall planting requests should be received by August 1.
- 2.9 Recreation staff will work with you to determine donation availability, type and location.
 - 2.9.1 A site meeting will take place before installation to verify exact location.
- 2.10 If circumstances arise that require a bench or tree to be relocated, the Recreation Department will attempt to contact the donor to advise them of the relocation. The Recreation Department will make the final determination of location.
- 2.11 In the first 10 years after installation, the Town will maintain the bench and repair any damage or vandalism.
- 2.12 If the Recreation Manager determines that a bench is in poor condition and it has been in place for more than 10 years it may be removed by the Town.
- 2.13 Installations are seasonal, are done as weather, ground conditions, and staff availability permit. It could take up to three months for the installation to take place.


CHIEF ADMINISTRATIVE OFFICER


DATE



Town of Taber

Memorial Tree And Bench Application



Any request requiring the Town of Taber approvals, services, assistance and/or other support for a special event must provide the following information.

Submittal of application does not constitute approval.

Applicant Information

Full Name: _____ Date: _____
Last First

Address: _____
Street Address Apartment/Unit #

_____ *City State Postal Code*

Phone: _____ Email _____

Type of Donation

MEMORIAL TREE Shade Evergreen Flowering Other

Memorial Plaque Inscription:

In Memory of: In Loving Memory of: In Honor of: Other*

Honoree's Name: _____

*Other Message (if applicable): _____

Proposed Location of Tree: _____

MEMORIAL BENCH

Bench Engraving:

In Memory of: In Loving Memory of: In Honor of: Other*

Honoree's Name: _____

*Other Message (if applicable): _____

Proposed Location of Bench: _____

Applicant Signature

Signature: _____ Date: _____

Please return application to:

**Town of Taber
A – 4900 50 ST
Taber AB
T1G 1T1**

Phone 403-223-5544  Fax: 403-223-5530

Office Use Only

Total Amount Paid \$ _____

Select Payment Method:

Cash

Check # _____

Other

Received by:

Select One:

Tree from nursery

Tree purchased \$ _____

Tree Species: _____