



TOWN OF WASHINGTON
EAU CLAIRE COUNTY, WISCONSIN

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REST HAVEN CEMETERY MEMORIAL BENCH APPLICATION

Donor's Name _____ Date _____

Donor's Address _____

Donor's Phone # _____ Email _____

Business Supplying Bench & Cement Base _____

Contact Name _____ Phone # _____

Preferred Location for Bench (final location to be determined after site evaluation)

Garden of _____ Family of Loved Ones Name _____

Inscription: In Loving Memory of _____

In Loving Memory - The _____ Family

In Memory or Honor of _____ (name(s) or groups of veterans,
police, or firefighting related organizations)

Event description and/or date _____

I have read and agree to the terms and conditions of Rest Haven Cemetery Bench Policy. First draft scale drawing/
design is attached to application.

Signature of Donor Dated

Have amendments to the original application been filed by applicant? Yes No

I agree to the amended application. Final draft scale drawing/design attached.

Signature of Donor Dated

FOR TOWN USE ONLY:

Application received _____ Date _____ Scale drawing/design received and attached to application _____ Date _____

Final Approved by Town Administrator _____ Date _____

Description of Bench Location _____ Placement of bench _____ Date _____ Donor Contacted: _____ Date _____