



# Town of Middletown

Return Completed Form To:

Town of Middletown  
31 West Main Street  
Middletown, MD 21769

Phone (301) 371-6171  
Fax (301) 371-6474

## MEMORIAL BENCH APPLICATION

### APPLICANT INFORMATION

Today's Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Person to be Memorialized: \_\_\_\_\_

Please indicate which walking trail you wish to have the bench placed along:

\_\_\_\_\_ Cone Branch Walking Trail

\_\_\_\_\_ Foxfield Walking Trail

\_\_\_\_\_ Remsburg Walking Trail

\_\_\_\_\_ Wiles Branch Walking Trail

\_\_\_\_\_ It Does Not Matter Where it is Placed.

**The Town will place your bench  
along the trail you requested as long  
as there is room and its placement  
does not create a safety issue.**

Cost: Alpine Bench with plaque \$ 720.00

Are you also purchasing a memorial tree? \_\_\_\_\_

**If yes, please complete a memorial tree form and include it  
with this form.**

Make checks payable to: Town of Middletown

Signature of Applicant : \_\_\_\_\_ Date: \_\_\_\_\_

### FOR TOWN USE ONLY

\_\_\_\_\_  
Date Application Received

\_\_\_\_\_  
Date Application Approved

\_\_\_\_\_  
Approved By