



TOWN OF HINGHAM
 210 CENTRAL STREET
 HINGHAM, MA 02043
 (781) 741-1400 • Fax (781) 741-1454

Memorial Bench Request Form

Date: _____

Applicant's Name: _____ Applicant's Signature: _____

Applicant's Phone #: (____) _____ Applicant's E-mail: _____

Total Amount Due: \$ _____ Check No. _____

Requested Plaque Verbiage:

2" x 10" plaque will accommodate 4 lines of text with 37 characters per line. Plaque verbiage proof will be provided for your review prior to engraving

Memorial Bench Location Preference (please list 3 in order of priority) – to be approved by the Town:

1. _____
2. _____
3. _____

Please provide a map or sketch of the preferred location below:

Terms and conditions: The Memorial Bench will be delivered to the Hingham DPW for assembly. You will be notified once the Memorial Bench is ready to be installed at its approved location. The plaque verbiage and the location of the Memorial Bench are subject to approval by the Town in its sole discretion. The Memorial Bench shall be considered a "feature" under Article 40 of the Town of Hingham General By-laws. The Town shall have no obligation to maintain or repair the Memorial Bench following installation and the maintenance and repair of the Memorial Bench shall be the responsibility of the applicant. The Town reserves the right to relocate and/or remove the Memorial Bench at any time in its sole discretion.

Town of Hingham:

Approved By: _____
 Name: _____ Title: _____

Approved Location: _____
 Date: _____