



**Town of Atikokan  
Memorial Bench Order Form**

Name of Purchaser: \_\_\_\_\_

Mailing Address of Purchaser: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number: Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Preferred placement of bench:  
\_\_\_\_\_  
\_\_\_\_\_

*Please note the Town of Atikokan will contact you to discuss exact placement location and has full discretion over the final location of the bench.*

**A plaque may also be included on the Memorial Bench for an extra charge.**

Line 1: **In Loving Memory of**

Line 2: \_\_\_\_\_  
(name)

Line 3: \_\_\_\_\_  
(date)

\_\_\_\_\_  
Signature of Purchaser

\_\_\_\_\_  
Date

Payment received: \_\_\_\_\_  
Date of payment

\_\_\_\_\_  
Receipt Number

Completed forms can be mailed, dropped off or emailed to:

Town of Atikokan  
120 Marks Street  
Box 1330  
Atikokan, ON P0T 1C0

(807) 597-1234

**[info@atikokan.ca](mailto:info@atikokan.ca)**

