



TOWN OF FOXBOROUGH
40 SOUTH STREET
FOXBOROUGH, MASSACHUSETTS 02035
Telephone - 508-543-1200 FAX - 508-543-6278

Attachment C
Memorial Bench and Memorial Tree /Plaque Request Form

Submit to DPW Department – 70 Elm Street, Foxborough

Please provide the following information regarding your request of a memorial bench/tree:

Your Name: _____

Your Address: _____

Your Phone Number: _____ Your Email: _____

Name of Person to be Memorialized: _____

Please describe below how the person being memorialized was a resident of, or contributed in a meaningful way, to the Foxborough community for a period over ten years.

Please write clearly the exact language you would like to appear on the plaque:
Three lines, 20 characters (including spaces and punctuation) per line

*The plaque must comply with the Foxborough Select Board's policy for the acceptance and placement of memorial benches/trees

Memorial Bench/Tree Location Preference (please list 3 in order of priority) – to be approved by the Town. Indicate whether a new or existing bench or tree is memorialized:

1. _____
2. _____
3. _____

Signature of Applicant: _____ Date: _____

Please provide a map or sketch of the preferred location on next page:

Map or sketch of preferred location

For Town Use Only

Staff Input

1. Planning Department: _____ Date: _____

Remarks: _____

2. Department of Public Works: _____ Date: _____

Remarks: _____

3. Other: _____ Date: _____

Remarks: _____

Category of memorial bench on Common (to be determined by Select Board):

Select Board Authorization Date: _____

Bench/Tree/Plaque Installation Date: _____