



TOWN OF NEWMARKET
PUBLIC WORKS SERVICES

1275 Maple Hill Court
Newmarket, ON L3Y 9E8

www.newmarket.ca
905.895.5193

Veterans Memorial Walkway Program Application Form

Contact Information:

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Contact Number: _____ Alternate Number: _____

Email Address: _____

Memorial Information:

Last Name: _____ First Name: _____

Regiment: _____

Service Number: _____

Branch of Service: _____

Dates of Service: _____

Date of Honorable Discharge: _____

Rank on Discharge: _____

Size: ___ 6" x 12" ___ 12" x 12"

*Please note the brick is only for Canadian and Allied Forces.

Office Use Only

Received By: _____ Date: _____

Reviewed By: _____ Date: _____

Payment Received By: _____ Date: _____

Approved By: _____ Date: _____

Installed By: _____ Date: _____