

MEMORIAL BENCH OR TREE APPLICATION FORM

Purchaser Information

Name: _____

Organization: _____

Address: _____

Phone Number: _____ Alternate Phone: _____

Email: _____

Requesting:

Memorial Tree **OR** Memorial Bench (Please Circle)

In Memory/Honor of: _____

First Choice Park Location (*from Available Locations List*):

Second Choice Park Location (*from Available Locations List*):

Preferred Variety of Tree (*from Approved Street Trees List*):

Please note that requests will be taken into consideration, however the Parks Department will make the final decision regarding location and tree variety used.