

**TREE MEMORIAL REQUEST FORM**

TODAY'S DATE: \_\_\_\_\_

REQUESTED LOCATION TO PLANT TREE: PARK \_\_\_\_\_

SPECIFIC AREA \_\_\_\_\_

**TYPE OF TREE TO BE PLANTED**

|       | <u>\$ AMOUNT</u> | <u>X</u> |                  |
|-------|------------------|----------|------------------|
| 1) \$ | 400.00           | _____    | GREEN ASH        |
| 2) \$ | 400.00           | _____    | RED OAK          |
| 3) \$ | 400.00           | _____    | SUGAR MAPLE      |
| 4) \$ | 400.00           | _____    | GOLDEN RAIN TREE |
| 5) \$ | 400.00           | _____    | TULIP TREE       |
| 6) \$ | 400.00           | _____    | KWANZA CHERRY    |
| 7) \$ | 400.00           | _____    | RED MAPLE        |

TOTAL \$ \_\_\_\_\_

**REASON FOR DONATION**

\_\_\_\_\_ IN HONOR NAME \_\_\_\_\_

\_\_\_\_\_ IN MEMORY DEDICATION DATE \_\_\_\_\_

**PRESENTOR (S) OF THE TREE**

\_\_\_\_\_

**RECEIPANT OF CERTIFICATE**

**CONTACT (DONATOR OF TREE)**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

H PHONE \_\_\_\_\_ W PHONE \_\_\_\_\_

**ADDITIONAL COMMENTS:**

\_\_\_\_\_

- Payment must be sent to the Parks & Recreation Office
- Trees will be planted during the following months. March-May and September-November weather permitting
- No tree planting ceremonies will be conducted.
- No plaque will be placed at the base of the tree by the Parks Department.

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**(For Parks & Recreation Office Use Only)**

Date Paid \_\_\_\_\_ Receipt Number \_\_\_\_\_ P.O. Number \_\_\_\_\_

Tree Planting Date \_\_\_\_\_ Certificate Sent \_\_\_\_\_ Plaque Ordered \_\_\_\_\_

Comments: \_\_\_\_\_