

PARK MEMORIAL PROGRAM APPLICATION

How to arrange for a memorial tree, site furnishing or amenity.

1. Review the Park Memorial Program options and decide how you would like to participate. Contact the Parks Department at (812) 285-6440 to discuss participation.
2. Select a tree, site furnishing or amenity you wish to donate. All trees, site furnishings or amenities selected must meet the City's department standards. Plaques for trees will be a maximum of 125mm by 125mm, suitable for outdoor application and will be installed on a 150mm by 150mm wooden timber that will be cemented into the ground adjacent to the tree. Plaques for benches and other amenities will be a maximum of 50mm by 200mm, suitable for outdoor application and will be appropriately attached to the amenity.
3. Choose the wording for the memorial plaque. See paragraph 11 as to the information permitted on the plaque. No other information shall be permitted on the memorial plaque. Benches shall be the standardized City of Jeffersonville benches as approved by the Jeffersonville Parks Authority.
4. Completed application forms returned to:

Parks Department Director
500 Quartermaster Court
Jeffersonville, IN 47130
5. The Parks Director will contact you to arrange for a meeting to discuss your choices, to select a department standard tree, site furnishing or amenity and to select a suitable location and to schedule your memorial request.

Requested information:

1. Name of official donor:

2. Name of contact person for this project:

3. Position (if donor is an organization):

4. Mailing address:

5. Home telephone number:

6. Cell phone number:

7. E-mail:

8. Please select the amenity you wish to donate:

Tree: _____ Bench: _____

Picnic Table: _____ Other: _____

9. Which park are you requesting the memorial to be located in?

10. Location of park?

11. Plaque information:

This _____ was (planted/placed/erected) in _____
(Name of tree species, site furnishing or amenity) (Memory/celebration)

Of _____
(describe the person or event)

By _____
(name of donor) (month/date/year)

12. Are you planning to conduct a dedication ceremony? Yes: _____ No: _____

Applicant's signature: _____ Date: _____

Approved by: _____ Date: _____
(Parks & Recreation)