



**APPLICATION FOR CEDAR RIVER PARK BENCH PLACEMENT**

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Proposed/Requested Location:** \_\_\_\_\_

**\*Please Note:** Attached is a list of approved bench placement locations, these are not guaranteed. Applicant will meet with the Director of Leisure Services to discuss available locations if the requested location is not an option.

In Memory       In Honor

**Memorial Plaque Text (up to 4 lines, 35 characters, including spaces, max per line):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**For Office Use Only:**

\_\_\_\_\_ Date Payment Received      \_\_\_\_\_ Engraving Approved      \_\_\_\_\_ Bench Ordered

\_\_\_\_\_ Date Delivered      \_\_\_\_\_ Map and Keys Updated      \_\_\_\_\_ Stored in (L:)

