

DONATION BENCH PROGRAM APPLICATION FORM

Date: _____ Applicant/Donor Name: _____

Address: _____

Primary Phone Number: _____ Alternative Phone Number: _____

Email Address: _____

Please Note: Contact information will be kept on file if future notifications are necessary.

Back up Contact: _____

Plaque Verbiage: (Please print clearly and double check your spelling.)

Requested Park/Site Name: _____

Requested Bench Location (If possible, include photos): _____

Acknowledgement of Terms

The applicant/donor acknowledges that all donations to the City of Bellevue will become property of the City of Bellevue and the city reserves the right to remove or relocate any and all donated items at any time. In addition, the applicant/donor understands the city will maintain the bench only for its useful lifetime. The bench will be removed when it becomes unsafe to sit on or if it is vandalized in a manner that makes it visually unacceptable. The city will notify the donor when the bench has to be removed and will give the original donor the opportunity to renew the gift and donate a replacement bench.

Effective Date: 1/1/2021

Applicant/Donor Signature

City of Bellevue Use Only/Application Approved By: