



## DONATION AND MEMORIAL APPLICATION

*Before filling out this application, please read the Donation and Memorial Policy that is attached to this sheet. Upon completion, please mail to 12835 Newcastle Way, Suite 200, Newcastle, WA 98056-1316, Attn: Parks Program Manager. 8 a.m. – 5 p.m., Monday-Friday. For further information, please call (425) 649-4444x142.*

**APPLICANT INFORMATION:**

|                |           |                    |
|----------------|-----------|--------------------|
|                |           | ( )                |
| First Name     | Last Name | Home Telephone No. |
|                |           | ( )                |
| Street Address |           | Day Phone No.      |
|                |           |                    |
| City           | State     | Zip Code           |

**DONATION OR MEMORIAL INFORMATION:**

|   |
|---|
| In Honor Of:  |
|   |
|   |
| Connection of Honoree to the Newcastle Community:             |
|   |
|   |
| Proposed Memorial/Donation (i.e. tree, bench, plaque, parks): |
|   |
|   |
| Proposed Location of Memorial/Donation:                       |
|   |

I, \_\_\_\_\_, understand and agree that this application to place a memorial or donation is contingent upon the approval of the City of Newcastle, and is in compliance with City staff recommendations as to the type and location of the proposed memorial or donation. I further understand that if the memorial placed under this application is damaged intentionally or unintentionally (by vandalism, weather, or any other event) that I or my designated representative are solely responsible for the maintenance or replacement of the subject memorial or plaque. In addition, I understand that if I or my designated representative fails to maintain the memorial or donation, then the memorial or plaque is subject to removal by City of Newcastle staff.

Signed and agreed to on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_