

# Bloomington Parks & Recreation Donations and Memorials Application



**Donor Contact Information:**

<b>Name:</b>				
<b>Organization:</b>				
<b>Address:</b>				
<b>City:</b>	<b>Zip:</b>		<b>Phone #:</b>	
<b>Email:</b>				

**Donation/Improvement**

Park Bench   
  Tree (2 inch diameter or 5 foot evergreen)   
  Bike Rack   
  Monetary   
  Other \_\_\_\_\_

**Park Requested:** \_\_\_\_\_     
 **Location within park:** \_\_\_\_\_

**Plaque Inscription (if applicable):**   
  In Memory of     
  In Honor of     
  Donated by

*I have read and understand Bloomington Parks & Recreation's Donation and Memorial Policy. Donations and/or memorials to Bloomington Parks & Recreation are considered outright and unrestricted donations. Bloomington Parks & Recreation does not guarantee permanency of the accepted donation. If a memorial must be relocated or removed, Department staff will attempt to notify the donor in writing at the address shown on this form. Bloomington Parks & Recreation will maintain and perform reasonable repairs to the donation for ten years following installation. Donations may be tax deductible, please consult an accountant. The donor understands and agrees with the conditions set forth in this policy and agrees to pay City any donation funds within one week of notification of approval.*

**DATA PRACTICES ACT/TENNESSEN WARNING/MINNESOTA GOVERNMENT DATA PRACTICES ACT**

Your name, address, telephone number, email address, and other identifying information are private and cannot be given to the general public. The City of Bloomington needs this information for the purpose of processing your application for a memorial space or park memorial or improvement donation. If you do not provide the information, the City cannot process your application and it will be considered not complete. The information you provide may be released to: persons authorized to have access to the information under state or federal law; persons authorized by court order to have access to the information; persons to whom you have given written consent to have access to the information; and all individuals employed by or entities under contract with the City of Bloomington who have a need and a right to know the information in order to administer the program.

\_\_\_\_\_

**Donor Signature**

\_\_\_\_\_

**Date**

**Office Use Only:**

<b>Approved:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____	<b>Director/Deputy Director Approval:</b>	
<b>Payment:</b>	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> AmEx <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
<b>Date Received:</b>	_____ / _____ / 20____		
<b>Received:</b>	<input type="checkbox"/> In-person <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		
<b>Received By:</b>	_____ (initials)		