

<b>For office use only:</b> Date Received: _____ Time Received: _____ Plot Assigned: _____
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## BLOOMINGTON, MN COMMUNITY GARDEN PLOT RENTAL APPLICATION

**Applicant Information:**

Last Name\* \_\_\_\_\_ First Name\* \_\_\_\_\_

Street Address\* \_\_\_\_\_ Apt# \_\_\_\_\_ City\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Primary phone number\* \_\_\_\_\_ Second phone number \_\_\_\_\_  
Home / cell / work (circle one) Home / cell / work (circle one)

Email address \_\_\_\_\_  
Please provide your email address if you want to receive weather and policy updates.

Yes  No I allow Park & Rec to share my email address with other Community Garden renters.

**Plot Preference:**

How many plots do you want to rent?\* \_\_\_\_\_ (Max 3 per household)

Which site do you prefer?\* (Select one location or rank your choices 1-4)

\_\_\_\_\_ Brookside Community Garden (west of Xerxes Ave S, north of 102nd Street)

\_\_\_\_\_ Harrison Community Garden (south of 100<sup>th</sup> St, west of James Ave S)

\_\_\_\_\_ Smith Community Garden (east of Park Ave S, between 82nd and 83rd St)

\_\_\_\_\_ South Loop Community Garden (east side of E Old Shakopee Rd, south of E 86<sup>th</sup> St)

Which plot(s) do you prefer?

\_\_\_\_\_ I would like plot(s) closest to the water source.

\_\_\_\_\_ I would like a raised bed plot. (Available at Harrison for people with limited mobility. Requires additional form.)

\_\_\_\_\_ Other (please explain): \_\_\_\_\_

What do you want to do if your first choice is not available?\* (Select one or both)

\_\_\_\_\_ I want to rent at another Community Garden site.

\_\_\_\_\_ I want to be added to the waitlist for my first choice.

**SIGN HERE**



**I have read and agree to follow the Community Gardens Rental Agreement.**

Signature\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

**Payment:** Include **\$45.00** per plot (Bloomington residents) or **\$57.00** per plot (non-residents)

I have been approved for fee assistance and want to use my scholarship funds (staff will verify)

Check (to City of Bloomington)  Cash  Credit Card (VISA, MC, Discover, American Express)

Name on credit card: \_\_\_\_\_ Amount to be charged: \_\_\_\_\_

Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit card number: \_\_\_\_\_ CSV code: \_\_\_\_\_

**\* Required information**