



# CITY OF SALEM, MASSACHUSETTS

PARK, RECREATION & COMMUNITY SERVICES

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**KIMBERLEY DRISCOLL**

MAYOR

**PATRICIA O'BRIEN**

SUPERINTENDENT

## PARK DONATION PROGRAM REQUEST FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I would like to donate to the program for an item to be placed at a park or open space.**

Standard Cardinal Bench (\$1200)

Classic Series Bench for Common or Historic Location (\$2400)

Picnic Table (\$1800)

Tree Dedication (price to be determined)

Preferred Location: \_\_\_\_\_

Alternate Location: \_\_\_\_\_

**Text for Plaque**

(Limited to 23 characters per line )

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

Line 4 \_\_\_\_\_

**Initial the following :**

The City of Salem reserves the right to remove items that are not in good repair.

The City of Salem is not responsible for damaged or vandalized items.

Wreaths, flowers, or other items attached to benches is not allowed and will be removed.

Location will be designated by the Superintendent to ensure that all parks are equally enjoyed.

**I would like to make a donation in the amount of \$ \_\_\_\_ for renovations/repairs at a park or open space**

Location desired for renovation/repair: \_\_\_\_\_

Specific Item/Feature of Interest \_\_\_\_\_

**Office use only**

Date Request Received \_\_\_\_\_ Requested Location \_\_\_\_\_ Approved/Denied \_\_\_\_\_

Fee \_\_\_\_\_ Date Fee received \_\_\_\_\_ Date Completed \_\_\_\_\_

