



CITY OF SALEM, MASSACHUSETTS

PARK, RECREATION & COMMUNITY SERVICES

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DOMINICK PANGALLO

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.

___ Refurbished Concrete and Wood Bench (\$1200) Limited open undedicated sites available.

___ Standard Concrete and Wood Bench (\$1500)

___ Classic Series Bench for Common or Historic Location (\$4000)

___ Picnic Table (\$2500)

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 _____

