Memorial Bench and Tree Application CITY OF SEAL BEACH Application Date (Mo-Day-Yr – XX-XX-XX) PUBLIC WORKS DEPARTMENT Document Last Updated: September 26, 2024 Considerations: The following items are the minimum requirements for each Memorial Bench and Tree application. Primary Contact. For all matters regarding the proposed memorial bench or tree, the City will consider the applicant as the primary point of contact and designate them as the Donor. Donors are responsible for notifying the City of any contact information changes throughout the lifespan of the donation element. Applicant Contact Information ("Donor"): **Donation Element Type: Memorial Bench** Address: _____ **Memorial Tree** City, State, Zip: Phone: Requested Tree Species: ___ Email: Requested Location of Bench or Tree: Please describe the location requested and attach a site plan or an aerial image with the requested location clearly marked. Park or Area: Street Name: Nearest Cross Street: ____ Additional Information: ___ Commemorative: "Dedicated to (Name)", "Donated by (Name)", "In Memory of (Name)", "In Loving Memory of (Name)", "Dedicated to the Memory of (Name)", "Given in Loving Memory of (Name)", "In Celebration of (Name)", "In Honor of (Name)", "In Honor and Memory of (Name)", "In Tribute to (Name)", "In appreciation of (Name)", "In Grateful Appreciation to/of (Name)" Additional options: birth and death dates (full dates or years) and title and/or rank of United States Military Service Organization affiliation. **Location Information:** Provide information regarding the location. Attached site plan or aerial image specifying the location of the memorial bench and/or tree. Approval Process: Applicant shall provide a complete submittal. Please submit to Public Works at 211 8th St., Seal Beach, CA 90740, or by email at isalvador@sealbeachca.gov. Submittals will be reviewed by Public **Donation Amount:** Type of Payment: Account #: Expenditure: 103-500-0244-51300 □ Cash □ Check Revenue - Benches: 103-500-0249-47408 Card Revenue - Trees: 103-500-0249-47408 **Application Received by:** Date: **Application Checked by:** Date:

Application

■ Approved □ Denied

Proposed Locations Checked by:

By _

Date:

This application has been denied for the following reasons.

- ☐ Failure to submit a complete application