



CITY OF PASO ROBLES
Memorial Tree & Bench Application

Name _____ E-mail _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

2nd Contact Name _____ E-mail _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Bench or Tree Location _____

Inscription for Memorial Bench Plaque: (Up to 4 lines)

Submit Application with payment to Recreation Services.

FOR OFFICE USE ONLY:

Payment Received By

Date

Approved by Recreation Manager

Date

Installed by Parks Supervisor

Date