



CITY OF **SANFORD**
PARKS & RECREATION
DEPARTMENT

“Adopt A Bench” Application

Bench Type: New (\$1,500) or Existing (\$1,000) | Personal Business Non-Profit

Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers: Day: _____ Evening: _____

Cell: _____ Fax: _____ Email: _____

Website: _____

Desired Bench location: _____ (subject to availability)

(Message) 2 lines of text & 18 characters/spaces maximum per line

Line 1 – (In Honor of) **or (Family of)** **or (Donated by)** “Check only one”

Line 2 - _____

Line 3 - _____

Brief Description of the meaning of the message:

Please submit application and payment to:

*City of Sanford
Parks and Recreation Department
300 North Park Avenue
Sanford, FL 32771*

Applicant Signature

By signing this application, you agree to all the terms and policies set forth.

Date

Witness

Date

Recreation Director or *Designee*

Date

Office Use Only	_____	_____	_____
	Approved (Y/N)	Amt Paid	Date