



**Public Works Department  
MEMORIAL BENCH APPLICATION**

144 S. BROADWAY | TURLOCK, CALIFORNIA 95380 | PHONE 209-668-5594 | FAX 209-668-5619

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Wording - Choose one**

**Est. Cost: \$1,200.00\***

- Dedicated to the Memory of \_\_\_\_\_ Date: \_\_\_\_\_
- In Honor and Memory of \_\_\_\_\_ Date: \_\_\_\_\_
- In Loving Memory of \_\_\_\_\_ Date: \_\_\_\_\_
- In Appreciation of \_\_\_\_\_ Date: \_\_\_\_\_
- In Celebration of \_\_\_\_\_ Date: \_\_\_\_\_
- In Memory of \_\_\_\_\_ Date: \_\_\_\_\_
- Dedicated to \_\_\_\_\_ Date: \_\_\_\_\_
- In Tribute to \_\_\_\_\_ Date: \_\_\_\_\_
- Donated by \_\_\_\_\_ Date: \_\_\_\_\_
- In Honor of \_\_\_\_\_ Date: \_\_\_\_\_

In addition, the following 2 options may be applied to the standard wording selection:

1. Birth and death dates (full dates or years): \_\_\_\_\_
2. Title and/or US Military Organization affiliation to the name: \_\_\_\_\_

Park/Location you would like the bench placed (*Final location & bench style will be at the discretion of the Department*):

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

**Maintenance**

All memorial benches are subject to normal wear and tear. This includes, but is not limited to, sun exposure, irrigation overspray, herbicide/pesticide/chemical overspray. Maintenance staff will remove graffiti from benches and occasional dirt accumulation if deemed an eyesore. In the event that your donated bench falls into disrepair, is damaged or is unsafe for public use, then we will need to remove it from the park/open space. We will attempt to contact you to inform you of the situation and to seek clarification as to whether you or your family intend to donate a replacement bench.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Price may vary depending on quote at time of purchase. Benches will not be ordered until full payment is received. Please allow up to 4 months for receipt and installation.*

**Office Use Only  
5/5/2022**

Staff Review Completed by: _____	Date: _____	Payment Received: \$ _____ Form of Payment: _____
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