

# CITY OF SEAL BEACH

## DEPARTMENT OF PUBLIC WORKS

Document Last Updated: January \_\_\_\_, 2005

### Memorial Bench Application

Application Date (Mo-Day-Yr - XX-XX-XX)

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**Purpose of Application:** To assist residents in the donation or sponsorship of memorial benches.

**Considerations:** The following items are the minimum requirements for each and every Memorial Bench application.

**Applicants name:**

First and Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Location of Bench Requested:**

Provide description of the location requested.

Park \_\_\_\_\_

Street Name \_\_\_\_\_

Nearest Cross Street \_\_\_\_\_

**• Daytime Telephone Number**

Area Code, Telephone Number, and Extension

**• Daytime Facsimile Number (Optional)**

Area Code, Telephone Number

**Primary Contact.** Contact person should be one that is easy for employees of the City to contact regarding the proposed memorial bench.

Full name	Direct telephone number	Direct facsimile number	E-mail address
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Type of bench \_\_\_\_\_ Color \_\_\_\_\_

Other \_\_\_\_\_ Plaque Size 1 ½"x 10" \_\_\_\_\_

Type of bench \_\_\_\_\_ Color \_\_\_\_\_

Other \_\_\_\_\_ Plaque Size 6"x 10" \_\_\_\_\_

**Commemorative:**

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**Location Information:** Provide information regarding the location.

- Attach a precise diagram showing the location of the memorial bench.
- Attach a photograph of the location of proposed memorial bench.

**Cost of bench & Installation**

**Type of Payment:**

- Cash
- Check

**Account #:**

**Donations**  
001.000.30962

**Approval Process** Applicant shall provide a complete submittal. Submittals will be reviewed by Public Works.

**Application Received by:**

**Date:**

**Application Checked by:**

**Date:**

**Proposed Locations Checked by:**

**Date:**

**Denied:**

This application has been denied for the following reasons.

- Failure to submit a complete application

By \_\_\_\_\_ on \_\_\_\_\_

**Application**

- Approved
- Denied