



South Suburban
PARKS AND RECREATION

Memorials and Donations
Application

MEMORIAL INFORMATION

Person(s) or occasion being memorialized: _____

Memorial type: _____

Location: _____

Inscription: _____

DONOR INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Preferred Phone No.: _____

Email Address: _____

I agree to make the above designated donation to the South Suburban Park & Recreation District. The parties acknowledge that the intent of this program is to place and display memorials in perpetuity, barring circumstances which would necessitate the memorial being removed, moved, stored, or modified. South Suburban will dedicate a good faith effort to the memorial's preservation, but bears no liability in any nature. Donor further acknowledges that it retains no property or other rights regarding the memorial.

Signature:

Date:

For Staff only: