CITY OF ALGONAC
MEMORIAL PARK BENCH APPLICATION

Date of Application:_____

Purchaser's Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Cell Phone:_____

Email Address:_____

INFORMATION ON BENCH

Memorialization Information to go on Plaque:

_____
_____
_____
_____
_____

Amount Paid: _____

Cash:_____ Check:_____

Other Information from Purchaser (i.e. requested location/approximate):

_____
_____
_____
_____

Original – City Clerk Copy – City Treasurer/Receipts Copy - DPS Superintendent Copy – Purchaser
As posted on website 11/13/13