City of Center Point Parks & Recreation Department

Memorial Tree Donation Application

This application must be completed and submitted to the City of Center Point Parks & Recreation Department for approval prior to purchasing or planting a memorial tree. Please provide all requested information to ensure timely processing. Incomplete applications may be delayed or denied.

Applicant Information

Full Name: _____
Address: _____
City, State, ZIP: _____
Phone Number: _____
Email Address: _____

Memorial Tree Details

Purpose of Donation (e.g., in memory of, in honor of, special occasion):

Preferred Park Location (subject to approval by the Parks & Recreation Department):

- Fross Park
- Wakema Park
- Dog Park
- Other (specify): _____

Proposed Tree Species (must be selected from the Department's approved tree list):

Proposed Planting Date (must be in fall or spring, subject to Department approval):

Plaque Information

Proposed Plaque Inscription (maximum 50 characters, subject to Department approval):

Plaque Specifications (must meet Department standards: max 6"x4", weather-resistant material):

- I confirm the plaque will meet Department specifications.
- I have attached a proposed design or description for review.

Donor Acknowledgments

By signing below, I acknowledge and agree to the following:

1. I have read and understand the City of Center Point Parks & Recreation Department's Memorial Tree Donation Policy.
2. I am responsible for purchasing, planting, maintaining, and, if necessary, replacing the memorial tree in accordance with the policy.
3. I am responsible for purchasing and installing a commemorative plaque that meets the Department's specifications.
4. The tree and plaque become property of the City of Center Point upon planting, but I remain responsible for maintenance and replacement as outlined in the policy.
5. The City of Center Point is not liable for damage to or loss of the tree or plaque due to natural causes, vandalism, or other factors.
6. The Parks & Recreation Department may remove or relocate the tree or plaque if necessary for park maintenance, safety, or redevelopment, with reasonable efforts to notify me.

Applicant Signature: _____
Date: _____

Submission Instructions

Please submit the completed application, along with any required attachments (e.g., plaque design), to:
City of Center Point Parks & Recreation Department
Address: 200 Franklin St, Center Point, USA
Phone: (319) 206-9226
Email: parks-rec@centerpointia.com

For Office Use Only

Application Received Date: _____
Approved / Denied (circle one)
Notes: _____
Staff Signature: _____