



## MEMORIAL AND DONATION APPLICATION

*(Please allow 30 calendar days for review)*

Donor Name:

Donor Organization (if applicable):

Street Address:

City:

Zip Code:

Cell Phone:

Work Phone:

Email Address:

Park, Trail, Open Space or Facility for Donation:

Proposed Location Within Park, Trail or Facility:

Description (Tree, adoption, bench, etc.):

Tree Species Desired (Must meet Department specification):

Other Item Description:

Plaque\*: YES NO (Plaque is only for park amenity option)

*\*Plaques will be provided by donor and must meet specifications before approval and installation.*

Memorial gifts to Carson City are considered outright and unrestricted donations. The City does not guarantee permanency of the accepted memorial. If a memorial must be removed or relocated, Department staff will attempt to notify the donor in writing at the address shown on this form. Donations may be a tax deductible (please consult a tax professional). The donor understands and agrees with the conditions set forth in the Carson City Memorial Policy and agrees to pay the City, or approved third party contractor, all necessary funds for the proposed memorial within one month of notification of approval. Third party contractors must comply with all City requirements including, but not limited to obtaining a Carson City Business License and meeting minimum City insurance requirements. Depending on the scope of work and maintenance required, a separate agreement may be required. Further consultation by a board or commission may be required due to deed restrictions, other City policies or the historical nature of the project.

**I have read and understand the Carson City Memorial Policy:**

**SIGNATURE OF DONOR**

**DATE**

Mail or email completed application to:  
Carson City Parks, Recreation & Open Space Department  
3303 Butti Way, Bldg. 9  
Carson City, NV 89701  
Phone (775) 887-2262 ccpr@carson.org

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### FOR OFFICIAL USE ONLY

Accepted By \_\_\_\_\_

Date \_\_\_\_\_

Estimated Cost \$ \_\_\_\_\_ Paid \$ \_\_\_\_\_

Date \_\_\_\_\_

Exact location verified \_\_\_\_\_

Date \_\_\_\_\_

Inscription proof reviewed by donor \_\_\_\_\_

Date \_\_\_\_\_

Director Approved \_\_\_\_\_

Date \_\_\_\_\_