

# CITY OF PORT ANGELES

Recreation Division  
 321 East Fifth Street / Port Angeles, WA 98362  
 Phone: 360-417-4550 Fax: 417-4559



|  |       |      |
|--|-------|------|
| <b>PARKS AND RECREATION OUTDOOR FACILITIES MEMORIAL AND DONATION APPLICATION</b> |       |      |
| Name of Donor:   |       |      |
| Address of Donor:  |       |      |
|  |       |      |
| Phone Number: Work:  | Home: | Fax: |
| Email:   |       |      |
| Description of Donation:   |       |      |
|  |       |      |
|  |       |      |
| Location of Donation:  |       |      |
|  |       |      |
|  |       |      |
| Wording on Memorial Acknowledgement:   |       |      |
|  |       |      |
|  |       |      |
|  |       |      |

| <b>Donation Cost Calculations</b> |           |        |
|-----------------------------------|-----------|--------|
| Element Type                      |           |        |
| Cost of element (1)               |           | \$     |
| Life Cycle Term                   | Years (x) |        |
| Annual Life Cycle Cost            | \$<br>(=) |        |
| Life Cycle Cost                   |           | \$     |
|                                   |           |        |
|                                   |           |        |
| Total Cost of Donated Element     |           | \$ (2) |

\* Includes purchase, tax, shipping and installation.

\*\*A 50% deposit of the total cost must be paid at the time of the application, with the remainder due prior to installation.

I have read the Memorial and Donations Policy

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parks Maintenance

Recreation Division Approval:  
 By: \_\_\_\_\_ Date: \_\_\_\_\_