



COMMEMORATIVE TREE PROGRAM REQUEST FORM

DONOR INFORMATION

Name: _____ Phone #: _____

Street Address: _____

City: _____ St: _____ Zip: _____

Email: _____

PROGRAM SELECTION INFORMATION (check all that apply)

Contract Length:

- \$600 for initial 5-year timeframe
- \$250 for 3-year renewal
- \$2,500 for 25-year timeframe

Location Preference:

- Priority Area #1 – Oakes Road

Plaque:

In memory / honor / celebration of: _____
(circle preference)

Donated by: _____

Commemorative Tree plaque will also include the name and species of the tree

Tree Selection: (see tree options below)

1st Choice: _____

2nd Choice: _____

Tree Options:

- Blackgum (Tupelo)
- Northern Red Oak
- Tuliptree (Tulip Poplar/ Yellow Poplar)

Please submit this form along with payment to:
City of Broadview Heights – Service Department
9543 Broadview Road
Broadview Heights, OH 44147

Please make checks payable to the City of Broadview Heights.