



## COMMEMORATIVE TREE PROGRAM REQUEST FORM

### **DONOR INFORMATION**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### **PROGRAM SELECTION INFORMATION**

#### **Contract Length:**

- \$400 for initial 5-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)

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> 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.*