



CITY OF SALEM, MASSACHUSETTS

PARK, RECREATION & COMMUNITY SERVICES

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DOMINICK PANGALLO

MAYOR

PATRICIA O'BRIEN

SUPERINTENDENT

PARK DONATION PROGRAM REQUEST FORM

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Email: _____

I would like to donate to the program for an item to be placed at a park or open space.

Standard Cardinal Bench (\$1200)

Classic Series Bench for Common or Historic Location (\$3500)

Picnic Table (\$1800)

Tree Dedication (price to be determined)

Preferred Location: _____

Alternate Location: _____

Text for Plaque

(Limited to 23 characters per line)

Line 1 _____

Line 2 _____

Line 3 _____

Line 4 _____

Initial the following :

The City of Salem reserves the right to remove items that are not in good repair.

The City of Salem is not responsible for damaged or vandalized items.

Wreaths, flowers, or other items attached to benches is not allowed and will be removed.

Location will be designated by the Superintendent to ensure that all parks are equally enjoyed.

I would like to make a donation in the amount of \$____ for renovations/repairs at a park or open space

Location desired for renovation/repair: _____

Specific Item/Feature of Interest _____

Office use only

Date Request Received _____ Requested Location _____ Approved/Denied _____

Fee _____ Date Fee received _____ Date Completed _____

