
Received signature



City of Sylvan Lake

1820 Inverness

Sylvan Lake, MI 48320

Phone (248) 682-1440 Fax: 682-7721

Cityhall@sylvanlake.org

Approval Date

Application Date

Approval Signature

Donation for a Memorial Bench Application

Name of resident _____ Phone: _____

Additional Individuals contributing to payment: _____

Email: _____ House Address: _____

Persons Name to be recognized: _____

Wording on Plaque: _____

Proposed Three Locations for Bench:

1. _____

2. _____

3. _____

(The City has the right to request a revision to the wording on a plaque and to reject a donation if not in the best interests of the City. All donations become the sole property of the City and are irrevocable and final upon acceptance by the City. The City is not obligated to replace the bench if it is vandalized, damaged, worn-out or destroyed.)

Applicant Signature: _____ Date: _____