



CITY OF **SANFORD**  
PARKS & RECREATION  
DEPARTMENT

**“Adopt A Bench” Application**

Bench Type: New (\$1,500)  or Existing (\$1,000)  | Personal  Business  Non-Profit

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Desired Bench location: \_\_\_\_\_ (subject to availability)

*(Message) 2 lines of text & 18 characters/spaces maximum per line*

**Line 1 – (In Honor of)**  **or (Family of)**  **or (Donated by)**  “Check only one”

**Line 2 -** \_\_\_\_\_

**Line 3 -** \_\_\_\_\_

*Brief Description of the meaning of the message:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit application and payment to:

*City of Sanford  
Parks and Recreation Department  
300 North Park Avenue  
Sanford, FL 32771*

\_\_\_\_\_  
Applicant Signature

By signing this application, you agree to all the terms and policies set forth.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Recreation Director or *Designee*

\_\_\_\_\_  
Date

Office Use Only	_____	_____	_____
	Approved (Y/N)	Amt Paid	Date