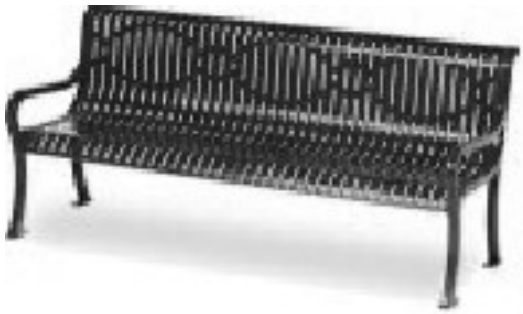
CITY OF FORT THOMAS

Recreation Department

Memorial Bench Program



Contact/Donor: **Name:** _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Wording on Plaque: _____

(Std. 8" x 3") _____

(3 lines 20 to 23 characters per line) _____

Location: _____

Size/Style/Color: **6 foot — Black Plastisol-Coated Bench**

A $ 450.00 **Non-Refundable** deposit is required with order.

Benches are fabricated from aluminum permanent-molded castings for the highest grade of finish available. Benches have a five year manufacturers warranty. The city will not replace the plaque unless it is damaged or lost by the city. If it stolen or damaged by others, then it is the donor's responsibility to pay for the replacement plaque.

I (print)_____ understand the above terms and conditions of the memorial bench program. I agree that the above information is correct. I agree to pay within ten (10) days of receipt of invoice.

Signature _____**Date**_____

Office Use Only:

Deposit Date: _____ Amount: _____Ck or Cash:_____

Order Date: _____ Installation Date: _____Billing Date: _____