APPLICATION FOR PARK DONATION



Donor Name: Kurt Sedo

Phone Number: 920-850-3056

Address: 605 W Wiscosni Ave. Kaukauna, WI 54130

Email Address: ksedo@pharmacircle.com

Proposed Location: Thillwerth Park or along Fox River - Liverside Park

Type of Donation:

Cambr	idge Be	ench	Picnic Table		, , , , , , , , , , , , , , , , , , ,
Tree	\checkmark	Book Exchange		Garbage Receptacle	
Other Item (Please Describe)					

Inscription Text (If Applicable)

"In memory of Brita Finlayson, our favorite tree hugger".

Please attach any necessary photos or documents with this form

Park Donations to the City of Kaukauna are considered outright and unrestricted donations. The City of Kaukauna does not guarantee the permanency of the accepted donation. If a memorial must be relocated, Department staff will attempt to notify the donor in writing at the address shown on this form. Donations may be tax deductible (please consult an accountant). The donor declares to have read the Parks Donation Policy and Guidelines. The donor understands and agrees with the conditions set forth in this policy and agrees to any conditions required by City staff or elected officials.

By signing below, I acknowledge that I have read and understand the Parks Donation Policy and Guidelines

CITY OF KAUKAUNA

144 W 2nd Street Kaukauna, WI 54130

September 9, 2024

920.766.6300 www.cityofkaukauna.com