

City of Watertown
Park and Recreation Department
Memorial Donation Application

Date of Application: 5-28-25 Type of Memorial: TREE ☐ ^{or} BENCH ☒ OTHER ☐

Donor's Name: Penny Jacobson

Donor's Address: 718 Oakwood Lane City: Watertown

State: WI Zip: 53094 Phone #: 920-285-0492

Name of person/group honored by memorial: Gene D. Jacobson

Location: PARK: Deer Trail Park Location: Wis-Pak Subdivision

Street Address: _____

Tree/Bench (circle one): NEW or REPLACEMENT

Plaque Wordage: Planted in memory of Grandpa Gene Jacobson Oct 28th 1950 - Mar 11th 2025
Rooted in Love, Always in our Hearts

Donor Signature: Penny Jacobson Date: 5-28-25

OFFICE USE ONLY

Date of Commission meeting: _____ (circle one) APPROVED DENIED

Reason for denial: _____

If this is a replacement bench, original donor name, address, phone number:

Date notified: _____

Is the original donor interested in replacing or restoring the bench? YES ☐ NO ☐

If they are not repairing the bench, do they want the plaque returned? YES ☐ NO ☐

Where should the plaque be mailed? _____

If no, date of disposal of the deteriorated bench: _____

Total Payment Due: _____ (circle one) CASH CHECK # _____

Date the bench was ordered: _____ Date plaque was ordered: _____