

City of Watertown  
Park and Recreation Department  
Memorial Donation Application

\* Matt Meracle donated  
the 2 trees.  
(package deal)

Date of Application: 3-12-23 Type of Memorial: TREE ☐ BENCH ☒ OTHER ☐

Donor's Name: Anonymous

Donor's Address: rod@amswi.com City: Watertown

State: WI Zip: 53094 Phone #: 920-941-0235

Name of person/group honored by memorial: Paul Hinrichs

Location: PARK: Brandt Quirk Location: prefer entrance or field 1 area.

Street Address: (along w/ the 2 trees)

Tree/Bench (circle one): NEW or REPLACEMENT

Plaque Wordage: In Memory of Paul M. Hinrichs

I can. I will. I must.

Donor Signature: [Signature] Date: 3-12-23

\*cast  
metal

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: \_\_\_\_\_