

**City of Watertown
Park and Recreation Department
Memorial Donation Application**

Date of Application: 4/1/2015 Type of Memorial: TREE ☐ BENCH ☒ OTHER ☐
Donor's Name: Vicki Bartz (Executor of Celia Yenser Estate)
Donor's Address: 611 S 5th St City: Watertown
State: WI Zip: 53094 Phone #: 920-285-2081 414-378-3794
(Dan)
Name of person/group honored by memorial: Celia A. Yenser
Location: PARK: Washington Location: 12th St.
Street Address: _____
Tree/Bench (circle one): NEW or REPLACEMENT
Plaque Wordage: In Loving Memory of Celia A Yenser
Given by Her Children
Donor Signature: _____ Date: _____

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: _____