

City of Watertown
Park and Recreation Department
Memorial Donation Application

Date of Application: 12/2/2024 Type of Memorial: TREE ☐ BENCH ☒ OTHER ☐
Donor's Name: THOMAS RADTKE
Donor's Address: 319 S. CONCORD AVE City: WATERTOWN
State: VT Zip: 53094 Phone #: 920-266-3364 (HOME)
920-285-4057 (CELL)
Name of person/group honored by memorial: KAREN RADTKE
Location: PARK: RIVERSIDE PARK Location: ON ISLAND ON S.E. SIDE
Street Address: CLOSE TO RIVER, WOULD LIKE TO
Tree/Bench (circle one): BENCH or REPLACEMENT DESIGNATE IF POSSIBLE
Plaque Wordage: T.B.D.
Donor Signature: Thomas J Radtke Date: 12/2/2024

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: _____

