



CITY OF PARKVILLE • 8880 Clark Avenue • Parkville, MO 64152 • (816) 741-7676 • FAX (816) 741-0013

Parks Memorial and Donation Application

1. Donor Information

Name: _____

Company (if applicable): _____

Address: _____

City, State: _____

Phone: _____

Email: _____

My signature below indicates that I have read and understand the Parks Donation Policy and agree to all the provisions and procedures as outlined.

Donor Signature (Required) _____ Date: _____

2. Donation Information

Description of Donation:

Wording on Memorial Acknowledgement:

Make check payable to: The City of Parkville. Credit Card is also accepted. Bring completed application and payment to Parkville City Hall. 8880 Clark Ave, Parkville, MO, 64152

For City Use Only

Application accepted as complete by: _____ Name/Title _____ Date _____

Parks & Rec Action: Approved Approved with Conditions Denied Date of Action: _____
Conditions if any: _____

CLARB Action: Approved Approved with Conditions Denied Date of Action: _____
Conditions if any: _____

Order Date: _____

Installation Date: _____

Years of maintenance: _____