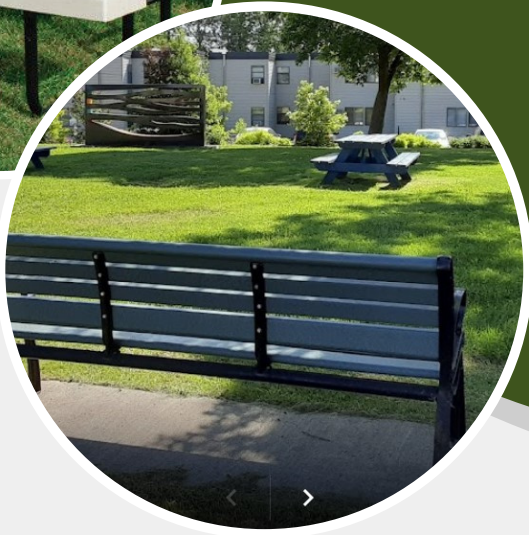


Parks, Trails &
Recreation
Department



Memorial Bench PROGRAM

To Honor Loved Ones
REST. REFLECT. REMEMBER.



CHOOSE BENCH FROM APPROVED SELECTION, ENGRAVE, INSTALL, AND MAINTAIN

- Visiting a memorial bench can help make loss more bearable
- Benefits the community by adding elegance and usefulness to public spaces

CALL :

218-254-7909

MORE CONTACT INFO:

bmaruska@ci.chisholm.mn.us |
ci.chisholm.mn.us

CITY OF CHISHOLM POLICY

Donated Memorial Benches for the Longyear Lake Walking Trail and Park Areas

1. The City of Chisholm will make every effort to work with requestors on their preferences.
2. The City of Chisholm has the right to refuse any request.
3. The locations of the benches must be pre-approved by the City of Chisholm and Parks, Trails and Recreation Department.
4. The design and materials must be pre-approved by the City of Chisholm and Parks, Trails and Recreation Department. No wooden benches are allowed. Suggested materials consist of: composite, recycled plastic lumber, steel with plasticol coating, and cast aluminum benches with powder coated finish.
5. All benches must be placed on a concrete slab.
6. The City of Chisholm will not assume responsibility for installation of the bench.
7. Installation of the benches must be followed by the manufacturers' guidelines; all specifications must be followed, including adhering to city ordinances and/or state code. Proof of "Call before you dig hotline" must be made prior to installation.
8. The City of Chisholm is not responsible for maintenance of the bench. The City of Chisholm has the right to remove any bench if deemed: unsafe structurally, placed in an unsafe location, not aesthetically pleasing, or with interference for new projects. The City of Chisholm will make an effort to contact the requestor on file for that bench.
9. The City of Chisholm is not responsible for any cost involving the purchase, installation or maintenance of the bench and concrete slab.

I have read the above guidelines and agree to the terms and conditions of this policy.

Name of Memorial Bench: _____

Contact person (print): _____

Contact person signature: _____

Address of contact person: _____

Phone Number(s): _____

Date: _____