## Tree with Deed Order Form

Date:				
Name:				FORT WAYNE
Address:				PARKS AND RECREATION
City:	State:	Zip: _		KECKE/ (ITO)
Daytime Phone:			Alternate Phone:	
E-mail Address:				
permitting. Applications sent in a five-year replacement guarant	n after Julitee. If a teed during prial-bence you are	y 1 <sup>st</sup> will be tree should g the next p ch-tree.htm	be planted the following fall pland die within five years of its pland planting season. An approved Male and the location:	I December of that year, weather nting season. Memorial trees have anting, please notify the Landscape Memorial Tree List can be found a
Location Preference (Specific Park)				
special tree's significance and l	ocation w	with GPS co sed. Pleas	oordinates. The Parks and Reco	donor as a permanent record of this reation Department will maintain a w what you would like the fina
		Iı	n Memory of	
		0	Other (specify below)	
Cost: \$500.00 (Check or Mone	ey Order o	nly, please.	Checks should be made payable t	to Board of Park Commissioners.)
Mail this form and check to:	, , ,	Attn: Men 705 East S	ne Parks & Recreation norial Tree Program state Blvd. ne, IN 46805	
For more information call or ema	ail:			

260-427-6402 eric.ummel@cityoffortwayne.org

Eric Ummel, Supervisor of Landscape