



CITY OF FORT THOMAS
 130 N. Ft. Thomas Ave.
 Ft. Thomas, KY 41075
 Phone: 859-441-1055

***Memorial Bench
 Program***



Contact/Donor: Name: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Email: _____

Cost: \$2,500.00

Wording on Plaque:

(Std. 2"x10")

(3 lines 20 to 23 characters per line)

Location:

Size/Style/Color:

6 foot — Black Cast Bench, Steel Seat

A \$ 1000.00 **Non-Refundable** deposit is required with order. The balance is due at time of installation.

Benches are fabricated from aluminum permanent-molded castings for the highest grade of finish available. Benches will be guaranteed by the city for a period of ten (10) years.

I (print) _____ understand the above terms and conditions of the memorial bench program. I agree that the above information is correct. I agree to pay within ten (10) days of receipt of invoice.

Signature _____ **Date** _____

Office Use Only:

Deposit Date: _____ Amount: _____ Ck or Cash: _____
 Balance Due: _____ Date Paid: _____ Ck or Cash: _____
 PO # _____ Plaque Order Date: _____ Installation Date: _____
 PO # _____ Bench Order Date: _____ Installation Date: _____