



CITY OF FORT THOMAS  
 130 N. Ft. Thomas Ave.  
 Ft. Thomas, KY 41075  
 Phone: 859-441-1055  
 Fax: 859-441-5104



## Memorial Tree Program

**Contact/Donor:**      **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Wording on Plaque:** \_\_\_\_\_

(Std. 8" x 3" ) \_\_\_\_\_

(3 lines 20 to 23 characters per line) \_\_\_\_\_

**Location:** \_\_\_\_\_

**Cost: \$750.00** \_\_\_\_\_

A \$325.00 **Non-Refundable** deposit is required with order.

Trees and plaques purchased through the City of Fort Thomas are guaranteed for five years. Plaques are installed by the General Services Department.

Please note, if the tree dies after five years and the city elects not to replace it, the donor has the option of paying to replace the tree. All trees are located on public property and as such may not be decorated, lighted or otherwise altered unless directed/performed by the City.

I (print) \_\_\_\_\_ understand the above terms and conditions of the memorial tree 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:

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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: \_\_\_\_\_