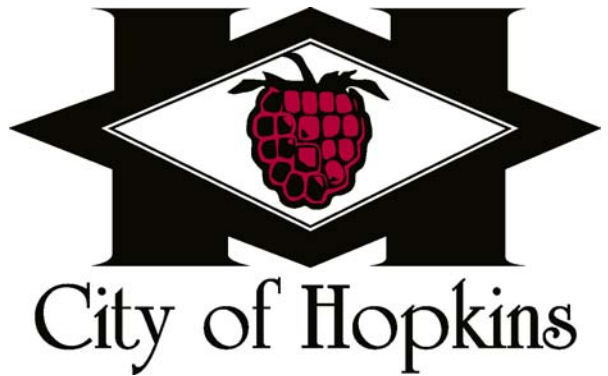


Memorial Tree with Marker Order Form



Date: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Alternate Phone: _____

E-mail Address: _____

All trees will be planted between October and December as a part of the annual City fall tree planting program. Memorial trees have a five year replacement guarantee. If a tree should die within five years of its planting, please notify Public Works and it will be replaced during the next fall tree planting season.

Please indicate the type of tree you are requesting and the location:

Tree Preference: _____
(Contact Public Works at 952-548-6350 for approved tree list)

Location Preference: _____
(Specific Park)

Marker Information:

The inscription may be up to three lines with 16 spaces per line. Punctuation marks and spaces between words count as spaces. Please fill in the blanks below with the inscription you would like.

Cost: \$600 (Check or Money Order only, please. Checks should be made payable to City of Hopkins)

Mail this form and check to: City of Hopkins
Attn: Memorial Tree Program
1010 First Street South
Hopkins, MN 55343

For more information call: Steve Stadler, Acting Parks/Streets Superintendent
952-548-6350 or email: ssadler@hopkinsmn.com