

**CERES MEMORIAL GROVE
TREE AND PLAQUE LOCATION**

Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Location of Tree: _____ Species of Tree: _____
(indicate per map) (indicate # per map)

**MEMORIAL TREE GROVE PLAQUE
PLAQUE INSCRIPTION**

Line to have no more than 19 spaces per line includes spaces between names.

Line 1: _____ Total Spaces _____

Line 2: _____ Total Spaces _____

Line 3: _____ Total Spaces _____

Line 4: _____ Total Spaces _____

Line 5: _____ Total Spaces _____

Note: Forward to Parks Supervisor (Parks Division) for processing of plaque and tree installation.

City of Ceres
Recreation Department
2720 Second Street
Ceres, CA 95307

Requested by: _____
(Donor Name)

ADMINISTRATIVE ONLY BELOW

Plaque Installed: _____

Tree Planted: _____

Date Faxed: _____

Turlock Marble

Attn: Stewart

Fax: 209-634-0582

Phone: 209-634-1144

Send Bill to: **Accounts Payable**
Attn: Parks Division
2720 Second Street
Ceres, CA 95307