CITY OF BELLEVUE, KENTUCKY
BENCH APPLICATION

Applicant name: ____ **Phone:** ________________________

Email: ____

Address: ____

WORDING ON PLAQUE (3 lines 20 to 23 characters per line):

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Bench Location:____

Please Note

- The $1,600 non-refundable deposit is required with order. Please make checks out to '*City of Bellevue*' and in the memo section note '*bench program*'.
- 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.
- The application will not be accepted unless all requested information is completed in full.
- The pricing of benches are subject to change. As of 1/01/2026, the average price of a donated bench is $1,600.00.

I (print) _____________________________________ understand the 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.

Applicant signature: ____ **Date:** _________________

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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: ______________