



1707 St. Johns Ave.  
Highland Park, Illinois 60035  
847.926.1000  
cityhpil.com

**Street Furniture Donation Application**

**PLEASE PRINT CLEARLY**

1. Name (donor applicant): \_\_\_\_\_  
First Last

2. Phone: \_\_\_\_\_

3. Email address: \_\_\_\_\_

4. Mailing address: \_\_\_\_\_  
STREET CITY STATE ZIP

5. Are you donating a bench? \_\_\_\_Yes \_\_\_\_No

6. If you checked "No" above, please describe furniture to be donated:  
\_\_\_\_\_  
\_\_\_\_\_

7. Desired location of bench/furniture:  
\_\_\_\_\_  
\_\_\_\_\_

8. Proposed plaque text to be affixed to bench/furniture (Note: Font will be black, Arial, size 22.  
Limit of five lines of text on 4" tall x 6" wide plaque):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



I, \_\_\_\_\_ (donor), have received and reviewed the City of Highland Park's Standard Operating Procedures (SOP) for Donated Street Furniture. With my signature below, I affirm that I understand and agree to all terms and conditions as set forth in the SOP.

\_\_\_\_\_  
Signature (donor)

\_\_\_\_\_  
Printed name (donor)

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

_____ Date application received
_____ Amount Due
_____ Paid Date
_____ Employee signature