Town of Narragansett Adopt-A Bench Program

Date: _____

Name of Donor: _____ Signature of Donor: _____

Address of Donor: _____

E-Mail Address of Donor: _____

Cell Phone of Donor: _____

Telephone of Donor: _____

Additional Contact Information: _____

_____

_____

_____

Name on Bench, In Honor of: _____

Relationship: _____

Location of Bench: _____

Bench Model: _____

Bench Company Purchased From: _____ Price Paid: _____

Order Date: _____

Delivery Date: _____

Installation Date: _____ *Attach picture to file when installed*

Plaque Verbiage: _____

_____

_____

_____

Approved: _____ Date: _____
Director of Parks and Recreation