

City of NEWPORT

DONATION APPLICATION AND AGREEMENT FORM

Newport City Hall ♦ 2060 1st Avenue ♦ Newport ♦ Minnesota ♦ 55055 ♦ Telephone 651-459-5677 ♦ Fax 651-459-9883

Date: _____

Donor Information

Donor's Full Name: _____ Telephone: _____

Donor's Address: _____

City/State/Zip: _____

Donation Information

Donated Item: _____

Cost Estimate of the Donation (not to be filled out by City Staff or Volunteers): _____

If Applicable:

For: _____

In Honor Of: _____

Location or Placement of Donation: _____

Estimated Lifespan of Material Donation: _____

Is the Donation Restricted: Yes No

If Yes, Terms of Donation Restriction: _____

Donor Statement and Acknowledgements

I certify that all information I have provided in this application is complete to the best of my knowledge. I further certify that I have received, read, understand and agree to the City of Newport Donations Policy.

Applicant/Agent Printed Name: _____ Signature: _____

For Office Use

Received By: _____

Date Received: _____

Approved By: _____ Date of Approval: _____

Reasons for Denial: _____

