



## **PARKS COMMISSION AGENDA**

**February 4, 2020, 5:30 PM  
Berlin Town Hall Conference Room**

1. Approval of Minutes of December 3, 2019
2. New Business
  - a) Worcester Recreation & Parks Programming
  - b) Donation/Memorial Program Development
3. Berlin Youth Program
4. Other

### 2020 Events:

April 11, 2020 Spring Celebration  
April 18, 2020 Clean Up-Day  
May 2, 2020 Spring Just Walk  
August 4, 2020 National Night Out  
November 7, 2020 Fall Just Walk

### Upcoming Meeting Schedule:

Tuesday April 7, 2020  
Tuesday, June 2, 2020  
Tuesday, August 4, 2020  
Tuesday, October 6, 2020  
Tuesday, December 1, 2020

**TOWN HALL  
10 WILLIAM STREET  
2<sup>nd</sup> FLOOR CONFERENCE ROOM**

MINUTES – PARKS COMMISSION  
December 3, 2019

The meeting of the Parks Commission for Tuesday, December 3, 2019 was called to order at 5:30 PM. Parks Commission members present were Chair Mike Wiley, Loretta Brown-Bridgell, Patricia Dufendach, Sarah Hooper, Bruce Hyder and new member Laura Stearns, as well as Deputy Town Administrator Mary Bohlen.

Ms. Dufendach moved to approve the Minutes of the October 1, 2019 meeting as written and approval was unanimous.

Ms. Bohlen noted that the Assateague Coastal Trust Coast Kids were working with Worcester Youth and Family Counseling Youth Program to expand and improve the raingarden at Henry Park, which had been created earlier in the year. Ms. Verena Chase would be appearing before the Mayor and Council at their January 20, 2020 meeting to discuss the project and seek their approval. Ms. Bohlen asked the Parks Commission members to try to attend to give their support.

Ms. Bohlen initiated a discussion of establishing a donation/memorial program for the parks. She noted that such requests were periodically made, but without a form program in place it was difficult to bring such requests to fruition. The Commission discussed the types of items that might be included, such as benches, play equipment and plants and noted that it would be ideal to establish a list of acceptable items, including plant/tree species for potential donors to choose. Considerations such as maintenance and replacement would need to be considered. Ms. Bohlen indicated that she would check with the National and Maryland Recreation and Parks Associations for examples as well as local communities. Ms. Dufendach noted that plantings would require proper care and maintenance and Ms. Bohlen suggested that part of the cost of the donation might be put toward professional planting.

Ms. Tiffany Scott of Worcester Youth was not present, but Mr. Wiley indicated that he had spoken to her earlier in the day. This evening, she was working with SAGES/SABRES for St. Paul's United Methodist Church's Giving Tuesday program.

Brief discussion of the status of Heron Park followed.

Ms. Dufendach moved to adjourn the meeting and approval was unanimous. The meeting adjourned at approximately 6:00 PM. The next meeting was scheduled for Tuesday, February 4, 2020.

Respectfully Submitted,



Mary T. Bohlen  
Deputy Town Administrator  
Liaison to the Parks Commission



# TOWN OF BERLIN SPECIAL USE OF PARK FORM



Note: This form is to be completed by/with Town staff. It will be the determination of Town staff if additional services are required for the event/activity. Based on that determination additional forms and meetings with Town staff may be required to insure a successful event.

TODAY'S DATE: 1/15/202 EVENT/ACTIVITY DATE: 5/5, 5/12, 5/19, 5/2 TIME FROM: 6:00 PM TO: 8:00 pm

NAME: Kelly Buchanan Anticipated # of attendees 1060  
ADDRESS: 6030 Public Landing Rd

Snow Hill, Md 21863

PHONE: 410-632-2144 ext 2503 EMAIL: kbuchanan@co.worcester.md.us

ORGANIZATION: Worcester County Department of R WILL EVENT INVOLVE FEES PAID BY ATTENDEES AND/OR SALE OF GOODS OR  
(IF APPLICABLE) SERVICES?  YES  NO

DESCRIPTION OF EVENT/ACTIVITY: Tennis instruction and drop in Tennis- apply skills taught through instruction to tennis matches

### PARK REQUESTED

<input checked="" type="checkbox"/> <b>Stephen Decatur Park, Tripoli Street</b> <input type="checkbox"/> Pavilion <input checked="" type="checkbox"/> # of <u>2</u> Tennis Courts (max 3) <input type="checkbox"/> Other _____	<input type="checkbox"/> <b>Dr. William Edward Henry Park, Flower Street</b> <input type="checkbox"/> Pavilion <input type="checkbox"/> # of _____ Basketball Courts (max 2) <input type="checkbox"/> Other _____
<input type="checkbox"/> <b>Heron Park</b>	

PLEASE CHECK ALL THAT APPLY BELOW:

- More than one consecutive date;
- More than 50 people;
- Any event/activity that charges attendees a fee and/or involves the sale or goods or services;
- Use of areas other than the pavilion

Fees: \$50.00 per day per amenity, plus \$10 for electric (if applicable). \$25.00 will be refunded when facility is left in good condition. Failure to adhere to the parks rules and/or leave the facility in good condition may result in the forfeit of that \$25.00 and/or refusal by the Town of Berlin to permit the user to reserve the park in the future.

**Office Use Only:**

Fee calculation:  
 \$25.00 X \_\_\_\_\_ (number of facilities requested) = \$ \_\_\_\_\_ X \_\_\_\_\_ (number of days) = (a) \$ \_\_\_\_\_  
 \$10.00 for electric X \_\_\_\_\_ (number of days) = (b) \$ \_\_\_\_\_

(a) + (b) = \$ \_\_\_\_\_ Total fee to be paid

Does activity require any additional Town services?

- Additional trash cans
- Additional picnic tables
- Road Closure
- Other \_\_\_\_\_
- Referral to another department/additional forms to be completed \_\_\_\_\_

**Notes/Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, the undersigned acknowledge and agree to the following:

1. **PARKS RULES:** I have been provided with a copy of the Park rules and regulations and I understand that I must adhere to these rules. If I fail to adhere to the Park rules and regulations, the Town of Berlin reserves the right to refuse to reserve the park in my name in the future. I further understand that the rules and regulations provided herewith are an excerpt of Chapter 22 of the Code of the Town of Berlin and other sections of that chapter and of the Town Code as a whole may also apply to use of the park(s).
2. **VEHICLES STRICTLY PROHIBITED ON PARKS' GROUNDS.** I understand that vehicles are not permitted in the parks beyond the parking lots. **ABSOLUTELY NO EXCEPTIONS** without prior express authorization.
3. **RESERVATION OF FACILITY(IES).** I understand that this reservation is only for the facility(ies) indicated above; all other areas of the park are open to the public and may be in use during my event.
4. **LIABILITY INSURANCE/RELEASE OF LIABILITY:** I certify that I or the organization which I represent possesses appropriate liability insurance and that, upon request, I will provide the Town of Berlin with verification of such insurance. If I do not possess such insurance, I understand that purchase of insurance may be required for this event/activity. The Town of Berlin and its agents are released from all liability associated with damage or injury resulting from the improper use of any equipment provided by the Town of Berlin and from damage or injury associated with the use of any equipment or items brought into the park by me or anyone associated with this event.

Signature: \_\_\_\_\_

*Kelly Berlin*

Date: \_\_\_\_\_

1/16/20

Clerk: \_\_\_\_\_ Fee Pd: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Refund:  YES  NO Date: \_\_\_\_\_



**BUSINESS USE OF PARK APPLICATION**



This form is required when sale of goods or services is being requested in connection with an event or activity within a Town of Berlin Park, or on a recurring basis within a Town of Berlin Park. A Vendor's Application and Certification for Peddling and Soliciting may also be required.

Name of Business/Organization: Worcester Cty Rec Agent/Responsible Party: Kelly Buchanan  
(Individual Person must be identified)

Address 6030 Public Landing Rd Phone #: (W) 4106322144 (C) \_\_\_\_\_  
Snow Hill, Md 21863 Email: kbuchanan@co.worcester.md.u

Park where activity or event will occur:  Stephen Decatur Park  William Henry Park  Heron Park

Purpose of Facility Use: Tennis Clinic and Drop IN Tennis

Requested Days/Times of Use: Tuesdays, May 5-May 26, 2020

# of Persons Expected to participate in activity/event 10

List all individuals/employees who may/will conduct the business activity:

1) Kelly Buchanan- 301-787-8349	6)
2)	7)
3)	8)
4)	9)
5)	10)

Please add any other information relevant to this application, including a description of items to be sold, services to be performed and/or fees to be charged:

The fee is \$3 per session. We will have a Stroke Clinic taught by Tennis Pro Bruzz Trutt. The participants will then have the opportunity to apply the skills taught in Tennis Matches.

Reverse must be completed and signed.

**AGREEMENT**

By signing below, the agent/responsible party understands that, until approval by the Mayor and Council, this form is an application for use of the parks for the aforementioned purposes, and not a permit for use. He/She further assumes full responsibility for complying with the rules and regulations set forth in the Town of Berlin Code of Ordinances and, specifically, Chapter 22, "Parks and Recreation", Sec. 22.48-50, as well as any additional terms and conditions imposed by the Mayor and Council of the Town of Berlin. He/She understand that failure to comply may result in:

1. The imposition of limitations to this permit; and/or
2. Withdrawal of this permit; and/or
3. Refusal by the Mayor and Council to authorize future use by the entity.

A copy of this permit must be in the possession of the person conducting the business activity and shown upon request.

I, further acknowledge and agree to the following:

- 1) The Mayor and Council of the Town of Berlin reserves the right to refuse approval of any permit for any reason at their discretion.
- 2) I am responsible for application for and payment of a Town of Berlin Business License Fee or Vendor Permit as applicable under the Code of the Town of Berlin, Chapter 8.
- 3) If the nature of the business activity involves the sale or provision of food or drink to be prepared on site and/or prior to sale and to be sold to and/or consumed by the public, I am responsible for obtaining any and all applicable permits from any other agencies including, but not necessarily limited to, agencies of Worcester County and the State of Maryland. The Mayor and Council of the Town of Berlin reserves the right to deny approval of this permit pending verification of appropriate permits obtained from any other agency as applicable. Alcohol sales are prohibited under any circumstance.
- 4) That, if applicable, I am responsible for completion and submission of road closure permit forms to the State Highway Administration.
- 5) The Town of Berlin is in no way responsible for my adherence to the above conditions and that any fees associated with this permit, including the Town of Berlin Business License Fee and/or Vendor Permit, paid to the Town of Berlin, are separate from and unrelated to any fee charged for any other purpose by any other agency.
- 6) I will maintain insurance appropriate to the activity proposed and will provide proof of said insurance upon request.
- 7) If appropriate to the activity proposed, I will have my customers/clients sign documents acknowledging that the Town of Berlin holds no responsibility for any loss/injury/damage incurred by their participation in my business activity.
- 8) I will be responsible for any damage to Town of Berlin owned or leased property incurred as a result of my use of the facility under this permit.
- 9) Under NO circumstance are motorized vehicles permitted on parks' grounds, except those areas designated for parking of motor vehicles, without express written approval by an authorized representative of the Town of Berlin.

Signature: Kelly Buchanan Date: 1/16/2020

Printed Name: Kelly Buchanan

Office Use Only: Date Rec'd: _____ Initials: _____ Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Non-profit organizations:</u> <input type="checkbox"/> Proof of Non-profit certification submitted and verified.
By _____ Date: _____
<u>All others:</u> Mayor and Council of the Town of Berlin on the ____ day of _____.
_____ For to _____ Opposed with _____ Abstaining
Additional Conditions/Notations: _____
_____



## TOWN OF BERLIN SPECIAL USE OF PARK FORM



Note: This form is to be completed by/with Town staff. It will be the determination of Town staff if additional services are required for the event/activity. Based on that determination additional forms and meetings with Town staff may be required to insure a successful event.

TODAY'S DATE: 1/15/202 EVENT/ACTIVITY DATE: 5/13/20-6/10/20 TIME FROM: 10.00 am TO: 11:00 am

NAME: Kelly Buchanan Anticipated # of attendees 10  
ADDRESS: 6030 Public Landing Rd  
Snow Hill, Md 21863

PHONE: 410-632-2144 ext 2503 EMAIL: kbuchanan@co.worcester.md.us

ORGANIZATION: Worcester County Department of R WILL EVENT INVOLVE FEES PAID BY ATTENDEES AND/OR SALE OF GOODS OR  
(IF APPLICABLE) SERVICES?  YES  NO

DESCRIPTION OF EVENT/ACTIVITY: Toddlers and parents will be able to socialize while playing and participating in organized activities.

### PARK REQUESTED

<input checked="" type="checkbox"/> <b>Stephen Decatur Park, Tripoli Street</b> <input checked="" type="checkbox"/> <b>Pavilion</b> <input type="checkbox"/> # of <u>    </u> <b>Tennis Courts (max 3)</b> <input checked="" type="checkbox"/> <b>Other <u>Playground</u></b>	<input type="checkbox"/> <b>Dr. William Edward Henry Park, Flower Street</b> <input type="checkbox"/> <b>Pavilion</b> <input type="checkbox"/> # of <u>    </u> <b>Basketball Courts (max 2)</b> <input type="checkbox"/> <b>Other <u>    </u></b>
<input type="checkbox"/> <b>Heron Park</b>	

PLEASE CHECK ALL THAT APPLY BELOW:

- More than one consecutive date;
- More than 50 people;
- Any event/activity that charges attendees a fee and/or involves the sale or goods or services;
- Use of areas other than the pavilion

Fees: \$50.00 per day per amenity, plus \$10 for electric (if applicable). \$25.00 will be refunded when facility is left in good condition. Failure to adhere to the parks rules and/or leave the facility in good condition may result in the forfeit of that \$25.00 and/or refusal by the Town of Berlin to permit the user to reserve the park in the future.

**Office Use Only:**

Fee calculation:  
 \$25.00 X \_\_\_\_\_ (number of facilities requested) = \$ \_\_\_\_\_ X \_\_\_\_\_ (number of days) = (a) \$ \_\_\_\_\_  
 \$10.00 for electric X \_\_\_\_\_ (number of days) = (b) \$ \_\_\_\_\_

(a) + (b) = \$ \_\_\_\_\_ Total fee to be paid

Does activity require any additional Town services?

- Additional trash cans
- Additional picnic tables
- Road Closure
- Other \_\_\_\_\_
- Referral to another department/additional forms to be completed \_\_\_\_\_

**Notes/Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, the undersigned acknowledge and agree to the following:

1. **PARKS RULES:** I have been provided with a copy of the Park rules and regulations and I understand that I must adhere to these rules. If I fail to adhere to the Park rules and regulations, the Town of Berlin reserves the right to refuse to reserve the park in my name in the future. I further understand that the rules and regulations provided herewith are an excerpt of Chapter 22 of the Code of the Town of Berlin and other sections of that chapter and of the Town Code as a whole may also apply to use of the park(s).
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4. **LIABILITY INSURANCE/RELEASE OF LIABILITY:** I certify that I or the organization which I represent possesses appropriate liability insurance and that, upon request, I will provide the Town of Berlin with verification of such insurance. If I do not possess such insurance, I understand that purchase of insurance may be required for this event/activity. The Town of Berlin and its agents are released from all liability associated with damage or injury resulting from the improper use of any equipment provided by the Town of Berlin and from damage or injury associated with the use of any equipment or items brought into the park by me or anyone associated with this event.

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Signature: Kelley Becker Date: 1/16/2020

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Clerk: _____	Fee Pd: \$ _____	Date: _____	Refund: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
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(Individual Person must be identified)

Address 6030 Public Landing Rd Phone #: (W) 4106322144 (C) \_\_\_\_\_  
Snow Hill, Md 21863 Email: kbuchanan@co.worcester.md.u

Park where activity or event will occur:  Stephen Decatur Park  William Henry Park  Heron Park

Purpose of Facility Use: Toddler Gym

Requested Days/Times of Use: Wednesdays, May 13-June 10, 2020

# of Persons Expected to participate in activity/event 10

List all individuals/employees who may/will conduct the business activity:

1) Kelly Buchanan- 301-787-8349	6)
2)	7)
3)	8)
4)	9)
5)	10)

Please add any other information relevant to this application, including a description of items to be sold, services to be performed and/or fees to be charged:

The fee \$20 for this 5 week program. During this time children will be able to interact with each other and have some social time. A variety of equipment and activities will be provided.

Reverse must be completed and signed.

**AGREEMENT**

By signing below, the agent/responsible party understands that, until approval by the Mayor and Council, this form is an application for use of the parks for the aforementioned purposes, and not a permit for use. He/She further assumes full responsibility for complying with the rules and regulations set forth in the Town of Berlin Code of Ordinances and, specifically, Chapter 22, "Parks and Recreation", Sec. 22.48-50, as well as any additional terms and conditions imposed by the Mayor and Council of the Town of Berlin. He/She understand that failure to comply may result in:

- 1. The imposition of limitations to this permit; and/or
- 2. Withdrawal of this permit; and/or
- 3. Refusal by the Mayor and Council to authorize future use by the entity.

A copy of this permit must be in the possession of the person conducting the business activity and shown upon request.

I, further acknowledge and agree to the following:

- 1) The Mayor and Council of the Town of Berlin reserves the right to refuse approval of any permit for any reason at their discretion.
- 2) I am responsible for application for and payment of a Town of Berlin Business License Fee or Vendor Permit as applicable under the Code of the Town of Berlin, Chapter 8.
- 3) If the nature of the business activity involves the sale or provision of food or drink to be prepared on site and/or prior to sale and to be sold to and/or consumed by the public, I am responsible for obtaining any and all applicable permits from any other agencies including, but not necessarily limited to, agencies of Worcester County and the State of Maryland. The Mayor and Council of the Town of Berlin reserves the right to deny approval of this permit pending verification of appropriate permits obtained from any other agency as applicable. Alcohol sales are prohibited under any circumstance.
- 4) That, if applicable, I am responsible for completion and submission of road closure permit forms to the State Highway Administration.
- 5) The Town of Berlin is in no way responsible for my adherence to the above conditions and that any fees associated with this permit, including the Town of Berlin Business License Fee and/or Vendor Permit, paid to the Town of Berlin, are separate from and unrelated to any fee charged for any other purpose by any other agency.
- 6) I will maintain insurance appropriate to the activity proposed and will provide proof of said insurance upon request.
- 7) If appropriate to the activity proposed, I will have my customers/clients sign documents acknowledging that the Town of Berlin holds no responsibility for any loss/injury/damage incurred by their participation in my business activity.
- 8) I will be responsible for any damage to Town of Berlin owned or leased property incurred as a result of my use of the facility under this permit.
- 9) Under NO circumstance are motorized vehicles permitted on parks' grounds, except those areas designated for parking of motor vehicles, without express written approval by an authorized representative of the Town of Berlin.

Signature: *Kelly Buchanan* Date: 1/16/2020  
 Printed Name: Kelly Buchanan

Office Use Only: Date Rec'd: _____		Initials: _____		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Non-profit organizations:</u> <input type="checkbox"/> Proof of Non-profit certification submitted and verified.					
By _____			Date: _____		
<u>All others:</u> Mayor and Council of the Town of Berlin on the _____ day of _____.					
_____ For to _____		Opposed with _____		Abstaining _____	
Additional Conditions/Notations: _____					
_____					



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## BERLIN PARKS COMMISSION COMMEMORATIVE PROGRAM

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**The Berlin Parks Commission Commemorative Program** is designed to provide individuals, families or organizations with an opportunity to honor the memory of loved ones or to memorialize a significant event through the dedication of park amenities or living tributes.

In addition to a lasting acknowledgement, amenities - such as benches or picnic tables - provide enjoyment to park visitors and living tributes - such as trees - provide shade, clean the air, provide wildlife habitat, and beautify the park for generations to come.

Please see below for more information on the types of Commemorations available, suitable locations, current pricing and other conditions. NOTE: Images are examples only; final purchased item may differ somewhat in appearance or color.

### **PARKS AMENITIES**

**Price: Cost of item plus \$400 care fee which will include plaque or engraving.**

Benches:

Recycled Materials, 6-foot

Recycled Materials, Small (Childs Bench)

Picnic Tables:

Recycled Materials, 6-foot

Recycled Materials, 4-foot (Childs Bench)

Round

Square

Game Tables

Bike Rack

Other, not listed above: \_\_\_\_\_

For items not listed above, complete specifications must be attached to this application when submitted. Approval of such items is at the sole discretion of the Berlin Parks Commission. See "CONDITIONS" for additional information.

### **LIVING TRIBUTES. Only native species will be permitted.**

**TREES. Price: Cost of tree plus \$400 care fee.**

Tree Species Suggested

Flowering: Crab Apple, Dogwood, Eastern Redbud, Fringe Tree, Serviceberry

Shade: American White Ash, American White Elm, American Beech, Hackberry, Honey Locust, Pin Oak, Red Maple, Red Oak, River Birch, Shagbark Hickory, Sugar Maple, White Oak, Willow Oak

Evergreen: American Holly, Loblolly Pine, Red Cedar, White Pine



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## BERLIN PARKS COMMISSION COMMEMORATIVE PROGRAM

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**Transplanted Tree:** You may choose to transplant a living tree from another location to one of Berlin's Parks. You will be responsible for securing all necessary permissions and making all arrangements for the uprooting and transportation of the tree from its existing location, then for all digging and transplant of the tree in the approved location. Transplant must be coordinated with the Town of Berlin and the Berlin Parks Commission has final approval of species and size of tree.

**FLOWERS.** \$150.00 one-time donation will be used for the purchase and planting of flowers during the following Clean-Up Day which is held annually on a Saturday during Take Pride in Berlin Week (typically on or about Earth Day, April 22<sup>nd</sup>)

**MONETARY DONATION.** A monetary donation in the amount of your choosing will help provide overall maintenance for Town of Berlin Parks.

### ACKNOWLEDGEMENT OF COMMEMORATION

1. **Plaques OR engravings: Plaques or engravings will be purchased by the Town of Berlin.** Size of and number of characters included on engraved area or plaque may vary, but will feature consistency in look, cost, type and mounting.
  - i. Text will be submitted to the Town of Berlin for approval.
  - ii. Proof will be submitted to donor for final approval.
- b. Parks Amenities
  - i. Amenities will be engraved, or have affixed an engraved plaque.
- c. Living Tributes: Trees. A plaque will be placed at or near the base of the tree.
- d. Flowers or monetary donations:
  - i. In each park a Board will be erected upon which acknowledgement plaques will be affixed on an annual basis acknowledging flower or monetary donations.

### CONDITIONS:

**Donor/Signer understands and agrees to the following in addition to any specific conditions indicated above:**

1. Payment is due prior to placement/purchase of any items included in this program.
2. Purchase and placement of commemorative item must be done through and/or coordinated with the Town of Berlin Parks Commission.
3. No guarantee of maintenance for the commemorative item is implied; items will receive the same standard of care and maintenance as similar items placed within the parks through other programs including routine purchases.
  - a. Parks Amenities: Items that are vandalized or damaged/worn through ordinary use, to the point of no longer being considered safe or aesthetically pleasing, may be removed or repaired at the discretion of the Town of Berlin.



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## BERLIN PARKS COMMISSION COMMEMORATIVE PROGRAM

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- b. Living Tributes: Trees or flowers that are dead or diseased may be removed at the discretion of the Town of Berlin or receive appropriate physical or chemical treatment.
4. Should the commemorative item be removed for any reason within five (5) years of placement, the Town of Berlin shall make a reasonable effort to contact the donor to inform him/her of such and provide an opportunity to replace the item at cost.
5. Placement of amenities and planting of trees/flowers will be done at an appropriate time of year – typically in the spring or fall. The donor may make arrangements with the Town to be present at placement/planting during regular business hours.
6. The placement of memorabilia – such as flags, wreaths, plastic flower or other adornments is not permitted, and the donor/signer acknowledges that the Town of Berlin shall remove such items at any time and without notice.

### SIGNATURES

I, the undersigned, acknowledge my understanding of the conditions expressed above and agree to adhere to same.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Contact information:

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_