



Public Works Department
660 East Civic Lane
Eagle, Idaho 83616
(208) 939-6813

Memorial and Donation Application

Name of Donor: _____

Address of Donor: _____

Contact Number: _____

E-Mail: _____

Proposed Location: _____

Description of Donation: _____

Wording on Memorial Acknowledgement: _____

My signature below indicates that I have received a copy of the City of Eagle Memorial and Donations Policy and agree to all the provisions and procedures as outlined.

Signature of Donor: _____ Date: _____

Printed Name of Donor: _____

Complete applications shall be mailed or emailed to:

City of Eagle, Attn: Public Works Department
P.O. Box 1520
Eagle, Idaho 83616

COEsubmittals@cityofeagle.org.

STAFF USE ONLY	
Date Received: _____	Staff Recommendation to City Council: Approve _____ Deny _____
Council Review Date: _____	Council Action: _____
Order Date: _____	Installation Date: _____
Date Family Notified: _____	