

WILLOW FORK DRAINAGE DISTRICT
Memorial Tree Planting Request Form

Applicant Name _____

Residence Address _____

Daytime Phone No. _____

E-Mail Address _____

Willow Fork Drainage District (the "District") has adopted a Memorial Tree Planting Policy for District residents who are interested in having the District plant one (1) memorial tree at Willow Fork Park, at the resident's sole cost and expense. If you are interested in having a memorial tree planted at Willow Fork Park, please complete this application form fully and return it to the District at the address indicated. A District representative will then contact you regarding pricing and next steps.

Please select from the following tree options. You may rank up to three (3) options in order of preference. All trees will be a minimum of fifteen (15) gallons. The District, in consultation with its landscape maintenance contractor, will determine the number of each type of tree that may be planted each year, given the number and type of trees already located at Willow Fork Park.

Rank	Tree Type
	Bald Cypress
	Live Oak
	Shumard Oak
	Southern Magnolia
	Texas Redbud

I, _____ (Give full legal name), am requesting that the District install one (1) memorial tree at Willow Fork Park, at my sole cost and expense. I have read and agree to comply fully with the District's Memorial Tree Planting Policy, as may be amended from time to time in the District's sole discretion, including the requirement that all memorial trees remain unadorned. No temporary or permanent plaques, flowers, ribbons, flags, candles, markers, photographs, or any other tributes, items, or tokens of remembrance are permitted. Violations may result in the District removing the memorial tree without any notice or reimbursement to you. I understand that, in the event the District approves my request, I will be required to pay in full for the cost of the memorial tree within ninety (90) days or my application will be considered abandoned, and approval of my application will be cancelled. **I acknowledge and agree that the District's determination regarding my application is final.**

I am familiar with all of the facts stated in this application and they are true and correct. I certify that this application contains no false statements.

Printed Name of Applicant: _____

Date: _____

Signature of Applicant: _____

Complete the form and return to:

Willow Fork Drainage District
c/o Allen Boone Humphries Robinson LLP
3200 Southwest Freeway, Suite 2600
Houston, Texas 77027
Fax: 713-860-6401
E-mail: WIL000@txdistricts.info