



TREE DONATION APPLICATION

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Tree Species: _____ Tree Location: _____

Preferred Date and Time of Installation: _____

(Weekdays only between 7:00am -3:00pm)

Tree Donation Purpose: _____ Person's Name Being Memorialized: _____

I UNDERSTAND THAT THE ITEM(S) DONATED WILL BE PURCHASED BY THE WALWORTH COUNTY PARKS DEPARTMENT AND WILL BECOME PARK PROPERTY. THE COUNTY WILL ORDER AND INSTALL THE APPROVED DONATED TREE(S) IN THE APPROVED LOCATION. THE COUNTY WILL NOT PERFORM GENERAL MAINTENANCE OR UPKEEP FOR THE DONATED TREE. IF DAMAGED AFTER INSTALLATION. THE COUNTY ACCEPTS NO LIABILITY FOR DAMAGE TO ANY DONATED ITEM FROM VANDALS OR THIRD PARTIES. THE COUNTY RESERVES THE RIGHT TO REMOVE ANY DONATED TREE(S) THAT HAVE BEEN DAMAGED, AND ARE, IN THE VIEW OF THE PARKS DEPARTMENT, BEYOND REPAIR.

Donor's Signature

Date

Park's Staff Signature

Date

Please mail or email the completed application
(above) to: mklusken@co.walworth.wi.us
Asst. DPW Superintendent Fleet/Parks/Facilities
Walworth County Public Works Department
W4097 County Road NN, Elkhorn, WI 53121