



GARDEN PLOT REQUEST FORM

BONNEY LAKE COMMUNITY GARDEN

Instructions: Provide all requested information, and sign and date the form. Return this form to the City of Bonney Lake, Attn: Community Garden, P.O. Box 7380, 19306 Bonney Lake Blvd., Bonney Lake, WA 98391; or fax to (253) 862-8538. *Application deadline is May 1st.*

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

E-mail Address: _____

Community Garden Location: **18424 89th Street East, Bonney Lake**

Plots Requested: ___ Single Plot 6' X 12' ___ Double Plot 2 - 6' X 12' (as available)

Acknowledgement

The undersigned hereby applies to the City of Bonney Lake for use of the above community garden plot and certifies the information is correct and furthermore agrees to abide by all ordinances, policies, and rules and regulations which may apply. The applicant hereby agrees to indemnify and hold harmless the City of Bonney Lake, Bonney Lake Community Resources, and their officers, agents, officials, employees and volunteers, from and against any and all claims, demands, suits, action, payments and judgments as a result of injury or death of any person or property damage to any property sustained by applicant or any other persons which arise from or in any manner grow out of any act or omission on or about said facility by applicant, its agent, guest, or employees, in the execution of this Garden Plot Request Form including any and all expenses, legal or otherwise incurred by the city, Bonney Lake Community Resources, or their representatives in the defense of any suit or claim. Applicant agrees to follow guidelines established by Bonney Lake Community Resources.

Signature _____

Printed Name: _____ Date: _____

OFFICE USE ONLY

Date Received _____ By _____

Plot # _____

Approved By _____ Date _____