

2023 BLOOMINGTON COMMUNITY GARDEN PLOT APPLICATION

Applicant Information:

Last Name* _____ First Name* _____

Street Address* _____ Apt# _____ City* _____ Zip Code* _____

Primary phone number* _____ Alternate phone number _____
Home / cell / work (circle one) Home / cell / work (circle one)

Email address _____
Not required but supplying e-mail information will provide you with important updates - i.e. delay of spring tilling due to weather

Yes No I allow Park & Rec to share my e-mail address with other community gardeners.

Plot Preference:

- I would like _____ plots (total number of plots) - limit of 3 per household*
- I **site** would like to garden at (rank 1st, 2nd, 3rd)*:
 - _____ Brookside Community Garden (west of Xerxes, just north of 102nd Street)
 - _____ Harrison Community Garden (1701 W 100th Street)
 - _____ Smith Community Garden (east of Park Ave S between 82nd and 83rd Streets)
- When processing my request, please keep in mind that I prefer (please rank preference)
 - _____ plot(s) closest to the water source _____ plot(s) in the east/west/center row (circle one)
 - _____ all of my plot(s) be adjoining _____ a plot at the end of the row
 - _____ a raised bed (At Harrison Community Garden - For use by those with limited mobility. Additional paperwork required)
 - _____ other (please explain) _____
- If my **site** preference(s) is unavailable:
 - _____ Allow me to rent at another site and add me to the waiting list at my preferred site(s). I understand that an opening is not guaranteed and that I will be responsible for cancellation fees should I change my mind about the plots that are rented to me at this time.
 - _____ Add me to the waiting list for my desired garden site(s). Do not assign me a plot other than those indicated above. I understand that an opening at my desired site is not guaranteed.



I have read and agree to abide by the Community Gardens Rental Agreement

Applicant Signature*

Date*

Payment: Enclose **\$44.00** per plot (Bloomington residents) **\$56.00** per plot (non-resident)

- My household has been approved for **2023** fee assistance (staff will verify when processing application)
- Check (to City of Bloomington) Cash Credit Card (VISA, MC, Discover, American Express)

Name on credit card _____ Amount to be charged _____

Signature _____ Expiration Date: _____

Credit card number _____ CSV code: _____

*** required information**