Memorial Tree Request Form

Please return this form to: Illinois State University Grounds Department
9100 Facilities Management  Normal, IL  61790-9100
Attention: Darcy Loy, Assistant Director of Grounds

Date of Contact: __________________________

Planting Requested by: ____________________

Can be reached at: _________________________

Species Requested: Please suggest 3 species of trees that would be preferred. **Please note that final, species’ selection will be determined by the Grounds’ arborist based on current inventory.

1. ______________________________________
2. ______________________________________
3. ______________________________________

Location Requested: Please suggest 3 planting locations throughout campus that would be preferred. **Please note that final, location selection will be determined by the Grounds’ arborist based on current inventory.

1. ______________________________________
2. ______________________________________
3. ______________________________________

Tagging Information: Please check one and write in the designated name.

____ In Memory of: ____________________________
____ In Honor of: _____________________________

Office Use Only

Date Purchased: _______ Purchased from: _______________________

Size of Tree: _______________ Date Planted: _____________

Species: __________________________________________

Has tagged been checked for accuracy? __________

Brief description of location: