

Crystal Recreation Department
Community Garden Plot Application

Community Garden Plot Application
2014 Season: May 1 through October 31

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail Address _____

Plot Number: (Call to check Availability)

____ Yes, I am interested in renting a second plot, if one becomes available

Payment Type: Cash/Check _____ VISA _____ Master Card _____
(Make checks payable to: City of Crystal)

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ Signature _____

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ PROCESSED BY: _____

PLOT NUMBER ASSIGNED: _____

SECOND PLOT TEMPORARILY ASSIGNED: _____

____ COPY OF PHOTO IDENTIFICATION WITH CORRESPONDING ADDRESS ATTACHED.

Return Completed Application Form, Copy of Photo ID with Corresponding address, and signed

Rules Contract to: Crystal Recreation Department
4800 Douglas Drive North
Crystal, MN 55429

Telephone: 763-531-0052

e-mail: scott.berggren@crystalmn.gov