Lower St. Croix Valley Community Gardens

2016 APPLICATION FORM

Please submit this completed application to: **Afton City Hall**
3033 St. Croix Trail, P.O. Box 219, Afton, MN 55001
Or email it to: deputyclerk@ci.afton.mn.us

RESIDENT NAME: _____

ORGANIZATION (IF APPLICABLE): _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBERS: home:_____ cell:_____

E-MAIL ADDRESS: _____

PLEASE SUMMARIZE YOUR GARDENING EXPERIENCE:

PLEASE TELL US BRIEFLY WHY YOU WANT A COMMUNITY GARDEN PLOT:

☐ **I have read the Guidelines and agree to abide by them if I am awarded a garden plot.**

_____ _____
Applicant Signature **Date**

FOR OFFICE USE ONLY:

Staff received: _____ **Date:** _____

Approved by:_____ **Date:** _____