



Lower St. Croix Valley Community Gardens

2025 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: officeasst@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: _____