

**HAMANN PARK  
COMMEMORATIVE PAVERS  
ORDER FORM**

Purchaser' Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_

Please complete the lines with text you want engraved and **please print text clearly**. The City of Richmond, Park Department nor the engraver will be responsible for misspellings on the order form.

Make checks payable to the City of Richmond and mail payment with order form to the City of Richmond, Park Department, 205 Summit Street, Richmond MO 64085

Content is subject to Park Board approval, obscene or offensive messages will not be approved.

Your contribution is tax-deductible to the extent allowed by law.

**8"x8" Commemorative Paver Stones  
includes 6 lines, maximum of 14 spaces each line  
Cost \$100.00 without logo or \$165.00 with logo**

|    |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Office Use Only**

Date: \_\_\_\_\_

Received (Cash/Check) \$ \_\_\_\_\_

By: \_\_\_\_\_