



CITY OF BLACK DIAMOND

Physical Address: 24301 Roberts Drive
Mailing Address: PO Box 599
Black Diamond, WA 98010

Phone: (360) 851-4500
Fax: (360) 851-4501
www.ci.blackdiamond.wa.us

DONATIONS FOR BLACK DIAMOND SKATEPARK

THIS FORM MUST ACCOMPANY PAYMENT DONATION

Pursuant to Ordinance No. 21-1160, this form documents and memorializes donations received by the City of Black Diamond for purposes of planning, designing, and/or constructing a new Black Diamond Skatepark pursuant to projects approved by the City Council.

Name of Donor: _____

Street Address of Donor/Agent: _____

E-mail Address: _____

Phone: _____ Amount of Donation: \$ _____

Method of Payment: _____ Check _____ Money Order _____ Cash

Make Check/Money Order Payable to: **CITY OF BLACK DIAMOND**

Mail check or money order to City of Black Diamond, PO Box 599, Black Diamond, WA 98010

Drop off cash donations in person at City Hall, 24301 Roberts Drive, Black Diamond, WA 98010

(Please do not leave cash donations in the drop box!)

Please initial and sign below:

_____ I understand that my donated funds will be deposited by the City in a dedicated "Skatepark Donations Account" created for purposes of funding the planning, design, and/or construction of a new City skatepark.

_____ I acknowledge and agree that if monies remain in the Skatepark Donations Account after completion of the new skatepark, then all or any portion of my contribution towards the skatepark may be converted to use for any lawful municipal purpose by a vote of a majority of the City Council, upon an express finding by the Council that amounts remaining in the Skatepark Donations Account exceeded the reasonably expected costs of all approved or anticipated planning, design, and/or construction costs for the skatepark.

_____ I acknowledge that this donation form is a public record and may be subject to disclosure pursuant to a lawful request under the state Public Records Act, Chapter 42.30 RCW.

Signature of Donor: _____ Date: _____

Thank you for your donation!!