ST. JOHN'S	CS- Community Garden	Community Services

Community Garden Bed Request

(there is no cost to participate)

Contact Information — SECTION 1

Name _____ Email _____ Phone _____

Address _____ City _____ Postal Code _____

Additional Users (First and Last Name) ☐ No Additional Users

Name	Child	Adult	Name	Child	Adult
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐

Gardening Information — SECTION 2

1. Community garden location:

   ☐ Victoria Park ☐ HGR Mews Community Centre ☐ Paul Reynolds Community Centre

2. Do you require accessibility accommodations to be a fully contributing member of the community garden? For example, a table-height garden bed. ☐ Yes ☐ No

   If yes, please describe_____

3. Comments or requests._____

Signature — SECTION 3

_____ _____

Signature Date

Privacy — SECTION 4

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process this application. Questions about the collection and use of the information may be directed to Manager of Healthy City and Inclusion at healthycommunities@stjohns.ca

For Office Use Only

Garden plot granted: Yes No Waitlist Date _____

Applicant has been contacted: Yes No

Please send completed form to:	City of St. John's P.O. Box 908 St. John's, NL A1C 5M2	For further information: Phone: 709-726-0180 Email: healthycommunities@stjohns.ca

ST. JOHN'S
NEWFOUNDLAND AND LABRADOR, CANADA