



Date: _____

12th Street Community Garden Plot Application

Organization: _____

Contact Person (Name & Title) _____

Address: _____

City: _____ Zip: _____

Email: _____ Phone: _____

Secondary Contact Person (Name and Title) _____

Email _____ Phone _____

Did you have a community garden plot last year?

____ Yes ____ No

If yes, do you want the same garden plot this year?

____ Yes ____ No

I have read the Community Garden Rules and understand that failure to meet the guidelines will result in loss of gardening privileges.

Signature _____ Date _____

Please drop off completed forms to the 12th Street Community Center or email JCCommunityGardens@gmail.com