



## 10-Day Notice

Dear Gardener \_\_\_\_\_:

The gardeners at \_\_\_\_\_ have noticed that you have not maintained your plot for at least ten days.

The Garden Plot Rental Agreement which you signed states the following: "If my garden appears neglected/abandoned (un-watered and/or overrun with weeds), I will be given ten (10) days notice to maintain my plot. After this time, my plot will be re-assigned without refund on my plot rental fee."

Please clean your plot and the surrounding area and inform the Garden Leader of your intentions to plant in the near future. However, if you choose not to do so within 10 days, we will reassign your plot to the next person on our waiting list; or in the absence of a waiting list, to the next person who requests a plot at the garden. We hope you understand our reasons for this action.

We simply want everyone in our community to have an opportunity to garden. If you are not actively gardening, please consider giving up your plot to someone else who is interested in harvesting the goods of the earth. In the event that you do lose your plot, feel free to sign up again on the waiting list.

Please contact the Garden Leader,

\_\_\_\_\_,

at (phone number) \_\_\_\_\_.

Thank you for your cooperation and understanding.



# Violation of Rules Incident Report

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

Time: \_\_\_\_\_

Community garden name and location: \_\_\_\_\_

## **Name of Gardener/Volunteer**

Name (first/last): \_\_\_\_\_

Plot #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **Description of Violation**

(Brief description – if needed, continue on back page)

## **Reference - Please list the specific rule or City Ordinance violated**

**Rules of Conduct/Plot Rental Agreement/Liability Waiver/City Ordinance**

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Paragraph/Line –

## **Witnesses** (if applicable)

Witness #1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Witness #2: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **Action Taken**

1. First Warning Verbal Written
2. Second/Final Warning Written Reported to Springfield Community Gardens

Signature of Garden Leader: \_\_\_\_\_

Signature of Gardener/Respondent (if applicable): \_\_\_\_\_



# Accident Report

This form should be submitted to Springfield Community Gardens at [springfieldcommunitygardens@gmail.com](mailto:springfieldcommunitygardens@gmail.com) or delivered in person to SCG's office at The Fairbanks (1126 N. Broadway Ave.) within twenty-four (24) hours of the incident or accident.

**Date of Accident or Event:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **AM/PM**

**Community garden name and location:** \_\_\_\_\_

**Name of Injured person:**

Name (first/last): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Description of Incident**

(Brief description – if needed, continue on back of page)

**Witnesses**

(if applicable)

Witness #1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Witness #2: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Action Taken**

Was medical attention sought? Yes \_\_\_\_ No \_\_\_\_

Did the injured party decline medical attention? Yes \_\_\_\_ No \_\_\_\_

None  Outpatient Clinic  Hospital

First Aid  Advised to see primary physician  Other \_\_\_\_\_

**What action has been taken to prevent a reoccurrence?** \_\_\_\_\_

Signature of Injured Party (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Garden Leader: \_\_\_\_\_ Date: \_\_\_\_\_