

## MUNICIPAL HERITAGE INVENTORY NOMINATION FORM

YOUR DETAILS			
(Please Circle) Mr Mrs Ms Miss	Other		
Name:			
Address:			
Suburb:		Postcode:	
Phone:	Mobile:		
Email:			
OWNER'S DETAILS Owner(s):			
Address (if not at place):			
Suburb:		_Postcode:	
Phone:	Mobile:		
Email:			
Has the owner been consulted?			
DETAILS OF THE PLACE			
Name of place:			
Former or Other Names:			
Address:			
Suburb:		Postcode:	
Is the place occupied? (Please Circle)	Yes No		
Public Accessibility (Please Circle)	Yes No		
Other Heritage Listings? (eg National Trust, Heritage Council, other)			

## HISTORICAL DETAILS

This information will help in the assessment of this place. If any of these details are unknown then leave the line blank.

Date of Construction:
Original Owner:
Original Architect:
Original Builder(s):
Original Use(s):
Description of the place and its setting:
Extent of any original buildings/structures remaining:
History of the Place:

Why do you feel this place is significant to the heritage of the Shire of Denmark?		
References/Resource Ma	aterial:	
Nomination forms and a	ny supporting documents (	i.e. historical photos, reports etc) mus
be submitted to the Shire	of Denmark by Friday 16 (	October 2015.
Nominations can be subr	mitted in the following manr	ner:
IN PERSON: Administration Office 953 South Coast Hwy	POST: PO Box 183 DENMARK WA 6333	EMAIL: enquiries@denmark.wa.gov.au

THANK YOU FOR COMPLETING THIS NOMINATION FORM.

Denmark