Memorial No.



Shire of Denmark

953 South Coast Highway (PO Box 183), Denmark WA 6333 Ph: (08) 9848 0300 Fax: (08) 9848 1985 Email: enquiries@denmark.wa.gov.au Website: www.denmark.wa.gov.au

APPLICATION FOR THE PLACEMENT OF MEMORIAL FURNITURE OR PLAQUE

Please refer to Councils Policy No. P100705 for a full list of criteria & definitions relating to this proposed Memorial. Applications will be determined by the Chief Executive Officer.

Should you have any queries when completing this form please contact Council's Infrastructure Services Directorate.

PARTICULARS OF APPLICANT & DECEASED

Full Name of Applicant:					
Address:		Person making	application		
Postcode: Home F		Wor	k Ph:		
Mobile:	Ema	ail address:			
Name of Deceased:					
Date of Birth:	Rel	lationship to App	licant:		
Reason for commemoration:					
MEMORIAL DETAILS					
Type of Memorial:					
Description:	Includes pr	roposed material used			
Proposed Text on Memorial:	Please pro	vide a copy of any images	s to be include	d	
Preferred Location of the Memor	rial:				
I understand that I must meet all fal	prication and	I supply costs.			
I understand that following installat reasonable maintenance costs how memorial, Council cannot guarante remove the memorial without comp family of the deceased prior to remo	wever whilst e that it will ensation. In	every reasonable remain at the de doing so, Counci	e effort wi signated s il will mak	II be made to extend the site indefinitely and may a	life of the at any time
Signature of Applicant		Date			
Please su	omit this form to	o the Shire of Denmark	to make an	application.	
OFFICE USE ONLY					
Approved by the Chief Executive	Officer .	Signed		Date:	
Memorial Erected	Date			Register Updat	ed

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