

Memorial Bench: Placement Request

Section 1: Applicant Details

Please **PRINT** clearly

Name:

Address:

Town:

Post Code:

Tel No:

e-mail:

Section 2: Location Details

Please **PRINT** clearly

Please describe where you wish the bench to be sited (be as precise as possible)

If it is not possible to site the bench at your chosen location, an Officer will contact you to discuss an alternative.

Section 3: Details of Dedication

Please **PRINT** clearly

The Council reserves the right to decline the wording of a dedication

If there is a problem with the chosen wording, an Officer will contact you to discuss this.

I have read and accept the Terms & Conditions relating to Memorial Benches.

Signature of Applicant:

Date:

Section 4: FOR OFFICE USE ONLY

Date Received:

Applicant Contacted:

Confirmed Location (if different from above):

Proof Sent to Customer:

Proof Returned by Customer:

Installed:

Receipt No:

Pass to Technical Team for inclusion on database

On Dbase:

Intls:

Pass to Admin section for filing