

Memorial Tree: Placement Request

| Section | 1: Applicant Details | 5 | Pleas | se PRINT clearly | | | | |
|---|--------------------------|---------|------------|-------------------------|--|--|--|--|
| Name: | | | | | | | | |
| Address: | | | | | | | | |
| | | | | | | | | |
| Town: | | | Post Code: | | | | | |
| Tel No: | | e-mail: | | | | | | |
| Section 2: Tree Details | | | | | | | | |
| Please tick the box below to select the tree type. | | | | | | | | |
| Malus (crat | b apple) | | | | | | | |
| Acer | | | | | | | | |
| Cherry | | | | | | | | |
| Birch | | | | | | | | |
| Rowan | | | | | | | | |
| Beech | | | | | | | | |
| Other hard | wood | | | | | | | |
| Section | 3: Location details | | Pleas | se PRINT clearly | | | | |
| Please describe where you wish the tree to be sited (be as precise as possible) If it is not possible to site the tree at your chosen location, an Officer will contact you to discuss an alternative. | | | | | | | | |
| Preference 1 | 1: | | | | | | | |
| Preference 2: | | | | | | | | |
| Preference 3: | | | | | | | | |
| C. allian | C. D. J. Hand C. Dankins | *** | | | | | | |
| | 4: Details of Dedica | | | se PRINT clearly | | | | |
| The Council reserves the right to decline the wording of a dedication. If there is a concern over the chosen wording, an Officer will contact you to discuss this. | | | | | | | | |
| (Please do not exceed 40 words) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Signature of Applicant: | | | |
|-------------------------|--|--|--|
| Date: | | | |

Please email or post the completed form to:-

<u>environmental.services@inverclyde.gov.uk</u>

or post to:-

Inverclyde Council Unit 1 Ingleston Park Cartsburn Street Greenock Inverclyde PA15 4UE

Please allow 4 to 6 weeks for the tree to be supplied and planted.

| Section 5: 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 | | | | |