

Memorial Tree: Placement Request

Section	1: Applicant Details	Please PRINT clearly
Name:		
Address:		
Town:		Post Code:
rown:		rost code.
Tel No:	e-m	nail:
Section	2: Tree Details	
Please tick	the box below to select the t	ree type.
Malus (cra	ab apple)	
Acer		
Cherry		
Birch		
Rowan		
Beech		
Other har	dwood	
Section	3: Location details	Please PRINT clearly
	sible to site the tree at your chosen loca	e to be sited (be as precise as possible) ation, an Officer will contact you to
Preference	1:	
Preference :	2:	
Preference :	3:	

Section 4: Details of Dedication

Please **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.

fication - No Classification	
(Please use a maximum of 35 words)	
memorial trees. This includes, but is no flowers, stone chips, wooden edging, a	es, or add edging or stones at the site of the trestricted to: cut flowers, planted shrubs and retificial grass, slabs, toys, solar powered lights, cil reserves the right to remove all such items.
Signature of Applicant:	
Date:	
Please email the completed form to: -	
environmental.services@inverclyde.gov.uk	
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			