PRINCIPAL OFFICE:

8 Elizabeth Street, Maitland Telephone (08) 8832 0000

ALL CORRESPONDENCE TO:

PO Box 57, MAITLAND, SA 5573 Fax (o8) 8853 2494

Email: admin@yorke.sa.gov.au Website: www.yorke.sa.gov.au



APPLICATION FOR MEMORIAL PLAQUE

SF208

Responsible Officer: Director Assets and Infrastructure Services
Issue Date: 19/06/2018

Next Review Date: June 2023

APPLICANT DETAILS			
Applicant Name:			
Postal Address:			
Phone Number (BH): _	Mobile:		
Email: _			
PREFERRED LOCATION	FOR PLAQUE		
Description (i.e. Foreshore):		
Nearest Street/Street Address:			
Town or Hundred:			
PLAQUE DETAILS			
PLAQUE DETAILS Host Structure (i.e. Bench	Seat):		
	□ Yes / □ No		
Host Structure (i.e. Bench and New Structure Required? N.B. Council will include the cost of a structure as part of the quotation. Desired Plaque Wording ar	□ Yes / □ No		
Host Structure (i.e. Bench and New Structure Required? N.B. Council will include the cost of a structure as part of the quotation. Desired Plaque Wording ar	□ Yes / □ No nd Layout:		
Host Structure (i.e. Bench and New Structure Required? N.B. Council will include the cost of a structure as part of the quotation. Desired Plaque Wording ar	□ Yes / □ No nd Layout:		
Host Structure (i.e. Bench and New Structure Required? N.B. Council will include the cost of a structure as part of the quotation. Desired Plaque Wording ar	□ Yes / □ No nd Layout:		

SIGNATURE OF APPLICANT			
☐ I, the applicant, confirm that I will be responsible for all costs associated with the erection of the plaque and host structure (if applicable), subject to my approval of the proof and quotation provided by Council.			
☐ I, the applicant, confirm that I have enclosed evidence of support for the placement of the plaque and host structure by the relevant progress association (if applicable). N.B Mandatory for all applications on public land.			
Signature:	Da	te:	
N.B. In accordance with Council's PO096 Memorial Plaques Policy all applications are subject to approval by the Director Assets and Infrastructure Services.			
APPROVAL SECTION (to be completed by Council)			
Your application for memorial plaque has been:			
APPROVED / DECLINED			
(Please circle)			
If the application has been declined please state the reason(s) below:			
Name:	Signature:	Date:	
INSTALLED BY (to be completed by Council)			
Name:	Signature:	Date:	