Plaque and Memorial Request

175 The Parade, Norwood SA 5067 PO BOX 204, Kent Town SA 5071

Telephone 8366 4555

Email townhall@npsp.sa.gov.au Website www.npsp.sa.gov.au Socials

f /cityofnpsp @cityofnpsp Payneham & St Peters

ABN 11 390 194 824

Please ensure you have read the *Plaques, Monuments & Memorials Policy* before completing this form. Please note: The lodgement of a request does not guarantee approval.

| APPLICANT DETAILS | | | |
|---------------------------------|---------------|---------|--------------|
| Name: | | | |
| Address: | | | |
| Phone: | | Mobile: | |
| Email: | | | |
| | | | |
| BENEFICIARY DETAILS | | | |
| Name: | | | |
| Relation to Applicant: | | | |
| Address: | | | |
| Phone: | | Mobile: | |
| Email: | | | |
| | | | |
| PLAQUE OR MEMORIAL DET | AILS | | |
| Recipient type: (please circle) | | | |
| Individual | Group | | Organisation |
| Type requested: (please circle | e) | | |
| Plaque | Memorial | | |
| Name of individual, group or | organisation: | | |
| Applicant's relationship to rec | cipient: | | |

| consideration location. Pla | e: The location of plaques and memorials is at the discretion of the Council following on of masterplans, safety, traffic and pedestrian mobility, and the primary use/purpose of the aques cannot be installed in isolation or affixed to existing Council assets. Plaques can only be assets at the discretion of the Council, in accordance with Council policies and guidelines. |
|-----------------------------|--|
| | g |
| Please desc | contribution made by individual, organisation or group: cribe the meaningful contribution(s) made to the community by the recipient & enclose evidence (optional) |
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| | |
| Proposed p | Jague wording: (no more than 150 words) |
| If you have | plaque wording: (no more than 150 words) requested a plaque, please provide the following details (refer to example provided on onuments & Memorials webpage). |
| If you have | requested a plaque, please provide the following details (refer to example provided on |
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In memory of: (full name)

Date of birth:

Date of death:

Declaration

I declare that the information I have given in this application is true and correct to the best of my knowledge.

Signed:

Dated:

Please submit the application and supporting documents via:

Post:

General Manager, Governance & Community Affairs PO Box 204, Kent Town SA 5071

Email:

townhall@npsp.sa.gov.au