

Community & Environment – Cemeter	es
Application for Commemorative	
Plaque or Memorial	

Please refer to Council's Commemorative Plaques and Memorials Policy for guidelines.

## 1 Application Type

Commemorative plaque - Community Groups or Donations by Community Groups Only

- Memorial seating Community Groups or individuals
- Memorial table setting Community Groups or individuals
- 2 Applicant's Details Individual Organisation Full Name of Individual or Organisation

**Residential Address** 

Postal Address

Preferred Contact Person's Details:

Name

Email

Phone No. Alternative Contact No.

Fax No.

## 3 Memorial Details

Name of individual/community group to be recognised

Are there any other memorials in the Bundaberg Regional Council area recognising the individual/ community group?

No Yes (provide details if known)

Reason for Nomination

Proposed	Location	of Plag	ue/Mem	orial
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Site 1

Site 2

91 Takalvan Street, MILLBANK QLD 4670 T 1300 883 699 F 4152 7073 E cemetery@bundaberg.qld.gov.au W www.bundaberg.qld.gov.au ABN 72 427 835 198

Proposed Wording of Plaque

Attach proposed wording to this application

Is the memorial to be dedicated to a deceased individual?

🗌 No

☐ Yes ► Attach FM-7-074 Deceased Information Form to this application

## 4 Declaration & Signature

I/We, the undersigned, agree that I/the nominated organisation/ group shall be bound by, and shall observe, the Conditions of Bundaberg Regional Council's Commemorative Plaques and Memorials Policy and that such Policy shall be deemed to be part of this Agreement and that I/the organisation/group shall promptly and punctually pay to Bundaberg Regional Council all monies which may become payable in respect of this Policy.

I/We understand that the information provided in and with this Application may be disclosed publicly under the Right to Information Act 2009 and Information Privacy Act 2009 as amended from time to time or if repealed then their substitutes.

I am aware that it is an offence to knowingly provide false or misleading information.

Full Name of Signatory

Position of Signatory (if applicable)

Signature

Date

## 5 Application Lodgement

In person	Bundaberg Cemetery Office T: 07 4130 4460 91 Takalvan Street Millbank 8:00am - 4:30pm, Monday - Friday				
By email	You may submit this form unsigned via email to start the process, however you MUST provide a signed copy of the form to finalise matters. <u>cemetery@bundaberg.qld.gov.au</u>				
By fax	07 4152 7073				
In person at your local Customer Service Centre 8:15am - 4:45pm Monday - Friday	<ul> <li>Bundaberg Administration Centre 190 Bourbong Street, Bundaberg</li> <li>Bargara Service Centre 160 Hughes Road, Bargara</li> <li>Childers Service Centre 45 Churchill Street, Childers</li> <li>Gin Gin Service Centre 4 Dear Street, Gin Gin</li> </ul>				

OFFICE USE ONLY							
Customer Service							
Entered By					Date		
Receipt No.		Re		Туре			
Cemetery Administration							
Acknowledged and arrangements confirmed by Cemetery Office					Cemetery Office		
Date			Г	Гime			
Date of Installation							
Entered & Approved By: Name		е					
	Sig	natur	е				

Bundaberg Regional Council is collecting this information in order to comply with its responsibilities and obligations as a Local Government. The information will only be used by Council Officers or Agencies which may have a legitimate need for the information to process applications or the like. Your information will not be given to any other person or Agency until you have given us permission or we are required to by law.