

Address:

City of Port Lincoln

Level One, Civic Centre, 60 Tasman Terrace, Port Lincoln SA 5606

Template No

Postal Address: PO Box 1787, Port Lincoln SA 5606

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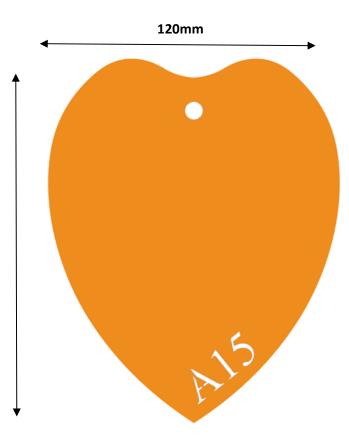
NORTH SHIELDS GARDEN CEMETERY APPLICATION FOR LEAF PLAQUE ON MEMORIAL TREE

Applicant Name:					
Postal Address:					
Phone:	Email:				
Person Responsible for payment of fees (if different to above):					
Postal Address:					
Phone:	Email:				

I (the applicant) hereby make an application for the following memorial at the North Shields Garden Cemetery:

M	EMORIAL FEE	MEMORIAL FEE As at 1st July 2023
	Supply & Installation of Leaf on Memorial Tree (incl. 10 lines of text, 1 motif and plot number on plaque)	\$418.00
	Reservation of Leaf on Memorial Tree (non-refundable)	\$55.00





	Instructions F	Regarding Use of	f Memorials				
All applications subjectionsApplications only according	Payment to be made once plaque has been ordered. All applications subject to regulation of cemetery authority. Applications only accepted on prescribed form. Proof will need to be signed off by applicant once received back from supplier. • Full detail of wording of proposed inscription and accurate translations of inscriptions if not in English on attached page Plaques can take up to 4-6 weeks to arrive. • First 3 proofs free of charge, thereafter each additional proof will incur a fee of \$25.30						
	DETAILS OF WORDING	G TO BE INSCRIB	ED ON THE PLAC	QUE:			
	Please Note: lines, a fee of \$38.50 per li Maximum lines: 15 will be charged for an addit		MAROON	Please note: The colour of your plaque is predetermined by the location of your plaque. Please ensure you are happy with both the location and the colour of your plaque.			
I acknowledge that			regarding use of	memorials and hereby apple			
	itii detaiis witiiiii tile applic						
Applicant signature	::		Date:				
OFFICE USE ONLY: Approved: Yes / No	Authorised by:	Signa_	nture:				
Email order - reco Proof received - I Proof approved b	uthorised. PO#: ord#: ecord#: oy applicant:		Amount owing Receipt No: Plaque received Payment received	d & checked:			
☐ Email approved p	proof - record#:		Contact curato	r for collection			