

Account N° _____

Fees £ _____

SWANAGE TOWN COUNCIL

Application to place a **MEMORIAL PLAQUE** by a **TREE** in the **GODLINGSTON CEMETERY**

1. Name of Applicant _____
2. Address of Applicant _____

3. Contact Telephone No. _____
4. Preferred Position and Number of Tree _____
5. Description of proposed Memorial and material to be used _____

Proposed Inscription:

Signature of Monumental Mason _____

Address _____

_____ Date _____

Approved by _____ Town Clerk Date _____

N.B. This application, duly completed, must be sent to the Town Hall. Work cannot commence, or workmen allowed in the Cemetery, until the subjoint permit is handed to the Cemetery attendant.

SWANAGE TOWN COUNCIL - GODLINGSTON CEMETERY

No. of Tree _____ Date _____

To _____

I hereby inform you that the memorial plaque for the above numbered tree, as shown in your application may now be proceeded with. **NB: The plaque must be laid flat to the ground for maintenance purposes.**

_____ Town Clerk

Permit must be given up at the Cemetery before the start of work

DESCRIPTION OF PROPOSED MEMORIAL PLAQUE

To the scale of one inch to the foot and stating material and dimensions (not to exceed 12" x 12"x 1")

PROPOSED INSCRIPTION

Please do not write below this line
