



MEMORIAL PLAQUE APPLICATION

APPLICATION INFORMATION

ENQUIRIES AND APPLICATION FORMS TO:

Renmark Paringa Council
PO Box 730/61 Eighteenth Street RENMARK SA
Phone 8580 3000
Fax 8580 3030
Email: council@renmarkparinga.sa.gov.au

OVERVIEW:

Memorial Seats and Plaques are available for purchase by families, in memory of a loved one. Council supply a plaque that is fitted to the seat with wording that is given by the applicant.

CRITERIA:

An application for a memorial plaque and/or seat will be considered by Council to commemorate:

- An individual who was a member of the Renmark Paringa community and made a significant contribution to the cultural, political, sporting or social life of the community, and
- Placement of the memorial would benefit the community in acknowledging that individual

LOCALITY:

The placement of memorial plaques and/or seats in Council parks, reserves, public open space and streetscapes will be guided by Council staff in consultation with the applicant to determine the appropriate location within the Renmark Paringa area with the aim to utilise the existing infrastructure rather than installing new seats and benches.

PROCEDURE:

Please fill out the information required in the spaces available and return to the Council.

The cost of the seat and/or plaque (payable by the applicant) is outlined in Council's Fees and Charges register. On receipt of the application, it will be determined by Council staff if it meets the criteria outlined below. If approved, the applicant will be contacted for payment. Once this payment is received the seat and/or plaque will be ordered and placed when received.

SECTION 1: APPLICATION

Applicant Name:	
Postal Address:	
Email Address:	
Contact Number:	

SECTION 2: CRITERIA

Please explain how the person meets the above criteria:



SECTION 3: PLAQUE DETAILS

Please fill in the below areas of details to appear on plaque:

This seat has been donated to the community by the
 Family
 In loving memory of
 Date of Birth ___ / ___ / _____ - Date of Death ___ / ___ / 20

Full name of person to appear on plaque:

SECTION 4: LOCATION DETAILS

Please list the preferences for the location of the memorial plaque:

Option 1:

Option 2:

Option 3:

SECTION 5: OFFICE USE ONLY

Received Date:

Application Status:

APPROVED

REJECTED

Approved by:

Signed:

Date:

Comments:

Seat/Plaque ordered:

Final Location:

Notified applicant: