

Commemorative Memorial Application

Applicant

Name of Applicant _____

Address _____

Contact Phone _____

Contact Email _____

Memorial Details

Name of person / event that memorial is dedicated to _____

Reason for commemoration _____

Requested type of activity

Tick applicable box

Tree Location _____

Type of Tree _____

Furniture Location _____

Type of Furniture _____

Plaque Location _____

Description _____

Text _____

Other Location _____

Description _____

NB: All requests are required to meet the requirements set out in the *Commemorative Policy*.

Send to

Manager
 Parks and Gardens Business Unit
 Wellington City Council
 PO Box 2199
 Wellington