

APPLICATION FORM

ROADSIDE MEMORIAL



PortAugusta

CITY COUNCIL

Please complete this form in **BLOCK LETTERS** and return to: PORT AUGUSTA CITY COUNCIL
4 Mackay Street, PORT AUGUSTA SA 5700
Phone: (08) 8641 9100 / Email: admin@portaugusta.sa.gov.au

Please ensure that the application form is completed entirely to avoid delays in processing your application. Please review the 'Roadside Memorials Policy 2.3.18', available on Councils website to ensure your roadside memorial complies with the relevant standards.

Part 1 – Contact Details	
Full Name(s) of Applicant:	
Address: (Unit/House)	(Street)
Address: (Suburb & Post Code)	
Phone:	Email:

Part 2 – Memorial Details
Location Description:
Nearest street corner or GPS coordinate:
Memorial Date:
Memorial Description:

I hereby acknowledge that the details outlined in this application are subject to Council approval.
I confirm that the information provided is accurate at the time of application.
I agree to my contact details being stored in the Roadside Memorials Register.

Name: _____ Signature: _____ Date: _____

COUNCIL AUTHORISATION			
File Number:	I.D. Evidence:		
Insurance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature:	Date Issued:	Expiry Date:	