

**REQUEST FOR PUBLIC MEMORIAL
APPLICATION FORM**



PROPONENT DETAILS

Name	
Address	
Phone Number	
Email	

SUBJECT OF PUBLIC MEMORIAL

Subject Name	
What is your association with the subject?	
Date of Passing/Event (if applicable)	

ELIGIBILITY CRITERIA

How does the application meet? (check one or more)	<input type="checkbox"/> Significant individual/group contribution to West Tamar community <input type="checkbox"/> Important historical event or anniversary <input type="checkbox"/> Community infrastructure or asset contribution <input type="checkbox"/> Cultural or historical significance
Please explain how this application meets the selected criteria?	

EVIDENCE OF ACHIEVEMENTS/CONTRIBUTION/COMMUNITY SUPPORT

<p>Please indicate the evidence to support the achievements or contributions</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Documentary evidence (articles, awards, records) <input type="checkbox"/> Testimonial evidence (statements from peers, colleagues, community) <input type="checkbox"/> Measurable evidence of impact (quantifiable results) <input type="checkbox"/> Community Impact Statement (maximum 500 words)
<p>Please indicate the evidence provided to show that the application is supported by the community</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Written letters of support from independent third parties <input type="checkbox"/> Family of relevant community group endorsement <input type="checkbox"/> Evidence of broader community support if applicable

PROPOSED MEMORIAL

<p>Please select the type of memorial you are requesting to establish.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Tree (with or without plaque) <input type="checkbox"/> Public seating (bench, seat, table) <input type="checkbox"/> Facility item (furniture in Council building) <input type="checkbox"/> Plaque on existing infrastructure <input type="checkbox"/> Sculpture/artwork <input type="checkbox"/> Garden/landscape feature <input type="checkbox"/> Other (please specify) _____
---	--

DESIGN AND LOCATION

<p>Proposed location</p>	
<p>Describe the design of the memorial</p>	
<p>Plaque inscription (if applicable)</p>	
<p>Material and specifications</p>	
<p>Designer/Fabricator details (if applicable)</p>	

COST AND MAINTENANCE

Estimated cost of the memorial	
How will the memorial be funded?	
Who will maintain the memorial?	
What is the maintenance plan for the memorial?	

ACKNOWLEDGEMENT

I acknowledge that:

- West Tamar Council will assess this application against the Public Memorial Policy
- I have provided all requested evidence of community support and achievements
- I understand the approval process and that I may be requested to provide further information to support the application
- I accept responsibility for costs specified in this application
- Any existing memorials cannot be taken as precedent for the memorial I have requested.
- If successful I will meet any costs associated with the purchase, installation and upkeep of the public memorial I have requested.

Name (printed)	
Signed	
Date	

NEXT STEPS

You will be contacted upon the receipt of your application and prior to the review procedure to discuss installation costs. At this point you will need to notify Council whether you wish to cease or continue the review procedure.