

## Castle Hill Village Memorial Garden Plaque Application

Please refer to Selwyn District Council's Castle Hill Village Memorial Garden Guidelines relating to this application form. The guidelines document outlines the criteria for approving an application.

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Day time phone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

1. Proposed subject of memorial (Name of person):

\_\_\_\_\_

2. Proposed plaque wording:

\_\_\_\_\_

\_\_\_\_\_

4. Proposed Location on the Memorial Garden Pillars (include plaque size and shape):

\_\_\_\_\_

5. Further details you believe are relevant (optional):

\_\_\_\_\_

\_\_\_\_\_

Disclaimer: I the applicant have read and recognised the conditions outlined in the Castle Hill Village Memorial Garden (MG) Guidelines.

I acknowledge that no work will commence until approval from Selwyn District Council is received.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_