



**Business &
Community Services**

Southern Downs Regional Council

PO Box 26, WARWICK QLD 4370

64 Fitzroy Street, WARWICK QLD 4370

61 Marsh Street, STANTHORPE QLD 4380

Telephone: 1300 MYSDRC (1300 697 372)

Facsimile: 4661 0333

Email: mail@sdrc.qld.gov.au

Website: www.sdrc.qld.gov.au

Application for a Park Memorial

If you have any specific enquiries regarding fees or how to complete this form, please contact Council. Please complete this application in BLOCK LETTERS and tick boxes where applicable. Enter "N/A" if the question does not apply. Complete all sections unless otherwise stated.

Applicant Details

Full Name(s) of Applicant:

Business Name:

Contact Name:

Position Title:

Street Address:

City:

State:

Postcode:

Postal Address:

City:

State:

Postcode:

Phone:

Fax:

Mobile Phone:

A/H Phone:

Email Address:

ACN or ABN (and ANZSIC code if applicable):

Registered for GST:

Yes:

No:

Type of Memorial Proposed

(Please refer to
Council's Park
Memorials Policy
available from
www.sdrc.qld.gov.au)

Proposed Location	

Applicant/s will receive written advice of Council's decision on this application.

Privacy Notice	The information on this form is collected for purposes related to deciding this application and monitoring compliance under the Information Privacy Act 2009 ('the Act'). This information may be stored in Council's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles Council's financial transactions and may be disclosed to other Local Government agencies, State government and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.
-----------------------	---

Signature of Applicant <i>Complete if more than one Applicant.</i>	I, , certify that the above information and the information on the attachments, to the best of my knowledge, is correct. Signature: Date:
	I, , certify that the above information and the information on the attachments, to the best of my knowledge, is correct. Signature: Date:

Office Use Only	Date:	
	Received By:	