

**Contact Details:**

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Updated: July 2024 Our Ref: 15683/2019

## MEMORIALS ON COUNCIL CONTROLLED LAND APPLICATION FORM

<b>1 Details of the applicant *</b>			
Mr	Mrs <input type="checkbox"/>	Ms	First Name _____ Surname: _____
Organisation: _____		ABN: _____	
Address: _____			
Suburb: _____		State: _____	Postcode: _____
Phone: _____		Email: _____	
<b>2 Details of the memorial recipient</b> (please print clearly)			
Name of Individual: _____			
Name of Association: _____			
Name of Historic Event: _____			
<b>3 Reason</b> (please print clearly and <u>attach</u> a separate document if space does not suffice)			
<b>2 Memorial Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> Historical <input type="checkbox"/> Service Clubs			
<input type="checkbox"/> Commemorative Tree + Plaque	<input type="checkbox"/> New Park Bench + Plaque	<input type="checkbox"/> New Barbecue Facility + Plaque	
<input type="checkbox"/> Landscaping + Plaque	<input type="checkbox"/> Public Artwork + Plaque	<input type="checkbox"/> Single Picnic Shelter + Plaque	
<input type="checkbox"/> Double Picnic Shelter + Plaque	<input type="checkbox"/> Triple Picnic Shelter + Plaque	<input type="checkbox"/> Solar Bollard + Plaque	
(please tick appropriate boxes)			
<b>Preferred Location</b> (please provide a detailed location map showing preferred memorial site)			
Park: _____			
Street Address: _____			
Locality: _____		Postcode: _____	
<b>Note:</b> Preferred location is subject to the approval of Council and cannot be guaranteed.			

**Please note:** There are no fees payable on lodgement of the application. A quotation will be forwarded to you once the application has been assessed.

**OFFICE USE ONLY**

FILE NO: SF2786	INCOME: 1230.140.173	DATE:	AUTHORITY NO:	
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